

J809 Level 1/Level 2 Cambridge National in Child Development Exam Practice Workbook: Answers

Topic area 1: Pre-conception health and reproduction

1.1 Factors affecting pre-conception health for women and men

Recall activities

1

Factors affecting pre-conception health	Effects on pre-conception health
Weight	<ul style="list-style-type: none">• Being overweight or obese increases the risk of developing high blood pressure, pre-eclampsia and gestational diabetes during pregnancy• The risk of miscarriage is higher• Can increase the likelihood of having a caesarean• Being underweight or overweight/obese can affect a woman's ovulation and so reduce fertility
Smoking	<ul style="list-style-type: none">• Smoking is known to reduce natural fertility for both men and women• Smoking is linked to premature birth and miscarriage• A cause of low birthweight• Chemicals from smoking will pass from the mother via the placenta to the developing baby, causing the baby to have breathing problems in the first six months of life
Drinking alcohol	<ul style="list-style-type: none">• Alcohol may cause a man to have a lower sperm count• Drinking alcohol before conception (for both men and women) is associated with a higher risk of heart defects for babies
Taking recreational drugs	<ul style="list-style-type: none">• Recreational drug use can have serious effects on the reproductive system• May lead to permanent infertility due to poor sperm quality and quantity in men• Disrupts ovulation and menstrual cycles in women• Most drugs will cross the placenta and reach the baby. This can result in slow growth of the foetus, miscarriage and birth defects

Parental age	<ul style="list-style-type: none"> • As women get older: • their fertility and ability to conceive reduces • the quality of eggs reduces • age combined with being overweight reduces fertility by affecting ovulation • post-menopause they are not able to become pregnant naturally • Age of the father can cause: • a low sperm count • sperm that are not moving properly • In older age groups, these may negatively affect male fertility and delay or prevent conception.
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- 2 **a** harmful
- b** decrease

Short-answer exam-style practice questions

1

Statement	True	False	Mark
Smoking is known to reduce fertility for both men and women	✓		4
Being underweight or overweight/obese can affect a woman's ovulation and so reduce fertility	✓		
Drinking alcohol does not affect male fertility		✓	
Men remain fertile longer than women	✓		

2

Identify two factors that could have a negative effect on male fertility.	Mark
Any two from: <ul style="list-style-type: none"> • a low sperm count • sperm that are not moving properly, meaning how well sperm travels from the vagina to the egg • In older age groups, these factors may negatively affect male fertility, and delay or prevent conception 	2

3

Explain why men remain fertile longer than women.	Mark
Men can produce sperm for their whole adult life (✓) and so they are physically capable of fathering children well into old age. (✓)	2

4

State three facts about a woman's age that can affect her fertility.	Mark
<p>Any four from:</p> <ul style="list-style-type: none"> • As women get older their fertility and ability to conceive reduces due, in part, to a decrease in egg count • As women get older the quality of their eggs reduces • Their age combined with being overweight reduces fertility by affecting ovulation • A woman's decline in fertility speeds up after her mid-thirties • They are not able to become pregnant naturally due to the menopause. 	3

1.2 Other factors affecting pre-conception health for women

Recall activities

1

Name of immunisation	Reason for having the immunisation
Flu	Pregnant women are more likely to get flu complications than women who are not pregnant and are more likely to be admitted to hospital. This means the vaccine is recommended.
Whooping cough	Most babies with this condition will be admitted to hospital. Ensuring the mother has this vaccine during pregnancy, at any stage after 16 weeks, ensures that she produces antibodies that pass onto the baby, giving them some protection until they have their own vaccination at 8 weeks old.
Coronavirus (Covid-19)	If pregnant, a woman is at greater risk of being seriously ill if they catch this virus. If it is late in the pregnancy, the baby could also be at risk. It is safe to have the vaccine at any stage of pregnancy. It is not recommended to delay it until after the birth.
Rubella/MMR	Most women will have had this vaccine as a child. It is not recommended to be given to pregnant women because it is a 'live' version of the virus. It can cause birth defects if given in the first three months of pregnancy. So, it is important to be up to date beforehand and to have had the vaccine well in advance of pregnancy.

Complete a folic acid fact sheet that includes – any from:	
When a folic acid supplement should be taken:	<ul style="list-style-type: none"> • Before a woman becomes pregnant, ideally three months before • If not before, at least the first 12 weeks of pregnancy • The NHS recommends that a dose of 400 micrograms is taken, once a day
Reasons folic acid is needed:	<ul style="list-style-type: none"> • To help the baby develop normally • To protect the baby against conditions such as spina bifida • It helps the baby’s brain, skull and spinal cord to develop properly during pregnancy • It reduces the risk of neural tube defects (NTDs) by approximately 70% • A baby’s neural tube starts to develop in the first four weeks of pregnancy. So, as the woman may not know that they are pregnant, it is best to start taking folic acid supplements as soon as she starts planning to become pregnant
Folic acid should be taken along with a diet of folate rich foods such as:	<ul style="list-style-type: none"> • Spinach, kale, asparagus, brussels sprouts, cabbage and broccoli • Peas, lentils and beans, including chickpeas and black-eyed beans • Yeast and beef extracts, including Marmite and Bovril • Oranges and orange juice • Wheat bran and other wholegrain foods • Poultry, pork, shellfish and liver • Foods with added folic acid, including some brands of breakfast cereals

Short-answer exam-style practice questions

1

Give three reasons why it is important to take folic acid during pregnancy.	Mark
<p>Any three from:</p> <ul style="list-style-type: none"> • It helps the baby’s brain, skull and spinal cord to develop properly during pregnancy • It reduces the risk of neural tube defects (NTDs) by approximately 70% • A baby’s neural tube starts developing in the first 4 weeks of pregnancy 	3

2

Give one example of when a woman should start to take folic acid.	Mark
<p>Any one from:</p> <ul style="list-style-type: none"> • As the woman may not know that they are pregnant, it is best to start taking folic acid supplements as soon as she starts planning to get pregnant • Before a woman becomes pregnant, ideally three months before • For the first 12 weeks of pregnancy 	1

3

State four sources of folic acid, other than oral supplements.	Mark
<p>Any four from:</p> <ul style="list-style-type: none"> • spinach, kale, asparagus, brussels sprouts, cabbage and broccoli • peas, lentils and beans, including chickpeas and black-eyed beans • yeast and beef extracts, including Marmite and Bovril • oranges and orange juice • wheat bran and other wholegrain foods • poultry, pork, shellfish and liver • fortified foods with added folic acid, including some brands of breakfast cereals 	4

4

State one reason why the MMR immunisation is not recommended during pregnancy.	Mark
<p>Any one from:</p> <ul style="list-style-type: none"> • It is not recommended to be given to pregnant women because it is a ‘live’ version of the virus. • If given in the first three months of pregnancy it can cause birth defects. • So, it is important to be up to date beforehand and to have had the vaccine well in advance of pregnancy. 	1

5

Explain why it is important to have the whooping cough immunisation during pregnancy.	Mark
<p>Any three from:</p> <ul style="list-style-type: none">• Because most babies with whooping cough will have to be admitted to hospital• It's important to ensure the mother has this inactivated vaccine during pregnancy at any stage after 16 weeks• The vaccine produces antibodies in the mother that pass onto the baby• The baby receives some protection from the mother until they have their own vaccination when they are 8 weeks old.	3

6

Explain what can happen during pregnancy if the pregnant mother does not have the 'flu vaccine.	Mark
<ul style="list-style-type: none">• Pregnant women are more likely to get 'flu complications than women who are not pregnant• And they are more likely to be admitted to hospital, so this inactivated vaccine is recommended.	2

1.3 Types of contraception methods and their advantages and disadvantages

Recall activities

1 Student's own revision cards

Short-answer exam-style practice questions

1

Explain how the male condom prevents pregnancy.	Mark
A male condom is placed onto the erect penis before coming into contact with the vagina. (1) Any sperm released will be caught in the condom, (1) preventing it going into the vagina. (1)	3

2 a

State one method of contraception that Jenna could have used after having unprotected sex.	Mark
Any one from: emergency contraceptive pill <i>or</i> IUD/coil	1

2 b

Identify one advantage and one disadvantage of this method of contraception.	Mark
<p>Emergency contraceptive pill advantages: (95–98%) highly effective if taken within 24 hours/straight away/as soon as possible Can be taken up to 72 hours after unprotected sex Can be bought in a pharmacy/without prescription/widely available Free from some family planning/sexual health clinics/GPs Emergency contraceptive pill/morning-after pill</p> <p>Emergency contraceptive pill disadvantages: Does not work if woman already pregnant Must be taken within 72 hours of having unprotected sex Does not protect against STIs May cause sickness/dizziness/tiredness/headaches/tender breasts/abdominal pain Vomiting/diarrhoea makes it ineffective.</p> <p>IUD advantages: Effective if used early/within 24 hours of having unprotected sex 99% effective if fitted within 24 hours Can be inserted up to five days after unprotected sex Is not hormonal</p> <p>IUD disadvantages: Does not work if woman already pregnant Does not protect against STIs Must be fitted by a trained professional/doctor Small chance of getting an infection</p>	2

3

Explain how long it can take for fertility to return to normal after the contraceptive injection wears off.	Mark
Ten months to a year	1

4

Identify one advantage and one disadvantage of using the diaphragm as a method of contraception.	Mark
<p>Any one advantage from:</p> <ul style="list-style-type: none"> • Only needs to be used at the time of having sex • Can be fitted at a convenient time in advance of having sex • There are no serious health risks or side-effects • Can be washed and reused • Inserted by woman herself: more control <p>Any one disadvantage from:</p> <ul style="list-style-type: none"> • A woman has to be fitted for the correct size by a doctor or nurse • It can take time to learn how to use it correctly • If you gain or lose weight or have a baby, a new diaphragm (cap) may be needed/has to be checked every 12 months for size • Limited protection against STIs • Not as effective as some other methods of contraception/92–96% effective • Cystitis (bladder infection) can be a problem for some women who use a diaphragm (cap) • Allergic reaction to spermicide / latex 	2

5

State three hormonal methods of contraception.	Mark
<p>Any three from:</p> <ul style="list-style-type: none"> • progestogen-only pill • (contraceptive) injection • (contraceptive) implant • natural family planning • emergency contraceptive pill 	3

6

Explain how a female condom works.	Mark
<p>Any three from:</p> <ul style="list-style-type: none"> • Has to be inserted into the vagina, using the closed-end ring, before it comes into contact with the penis • The other ring creates the open end of the condom • It lines the walls of the vagina, creating a barrier between the sperm and the cervix/is a barrier method • Prevents the sperm from entering the uterus and fertilising an egg • It should be removed immediately after sex and before standing up 	3

State one advantage and one disadvantages of using a female condom.	Mark
<p>Any one advantage from:</p> <ul style="list-style-type: none"> • Protects against STIs • 95% effective if used correctly • Often provided free by family planning clinics • Widely available in supermarkets, chemists etc. • No serious side-effects • Can be inserted up to eight hours before sex • Women responsible for her contraception • Don't need a medical professional to insert/fit <p>Any one disadvantage from:</p> <ul style="list-style-type: none"> • If used incorrectly may split/tear/rip • Sharp finger nails can tear it • Can be pushed too far into the vagina • Not available free at every contraception and sexual health clinic • Are more expensive to buy than male condoms • They can only be used once • If not put in beforehand, sex is interrupted to put one in 	2

1.4 The structure and function of the reproductive systems

Recall activities

1

Main parts of the female reproductive system	Function
Ovaries	A woman has two ovaries. The ovaries control the production of hormones – oestrogen and progesterone. They contain hundreds of undeveloped eggs cells called ova. They release one egg a month; this is called 'ovulation.
Fallopian tubes	Each ovary is connected to the uterus by a fallopian tube. Every month, one of the ovaries releases an egg into a fallopian tube. The fallopian tubes are lined with tiny hairs called cilia, which help to move the egg along into the uterus.
Uterus (womb)	The uterus is a pear-shaped, hollow, muscular bag with a soft lining. A fertilised egg attaches onto the uterus wall (implantation). The uterus is where the baby develops until it is born
Cervix	The cervix is a strong ring of muscle between the lower end of the uterus and the vagina. It keeps the baby in place while the woman is pregnant. During labour, the cervix dilates (opens) gradually to allow the baby to be born.
Vagina	The vagina is a muscular tube that leads downwards, from the cervix to the outside of the body. It is where the man's penis enters the body during sexual intercourse. Folds of skin that are called labia meet together at the entrance of the vagina

2

Explain what happens at each of the four stages of the menstrual cycle.
<p>Four stages of the menstrual cycle:</p> <ol style="list-style-type: none"> Period: uterus lining is shed, blood leaves body from vagina Uterus lining thickens: egg develops in the ovary Ovulation: mature egg released from ovary Egg dies if not fertilised: uterus lining continues to thicken

3

Main parts of the male reproductive system	Function
Testes	There are two testes. They are also known as testicles. They produce sperm and the male hormone testosterone. They are in the scrotum, which is a sac of skin behind the penis. The sac is outside the body to keep the sperm at the best temperature.
Epididymis (sperm duct)	The sperm passes from the testes to the epididymis. This is where the sperm are stored.
Seminal vesicle	This secretes fluids to mix with the sperm to make semen.
Vas deferens	These are the ducts that sperm pass through to mix with the fluids produced.
Urethra	This is a tube inside the penis that carries semen and urine. The exit from the bladder closes during intercourse.
Penis	The penis consists of the shaft which goes into the vagina and the tip known as the 'glans', which has a small opening for the sperm to ejaculate (pass through) into the vagina.

Short-answer exam-style practice questions

1

Complete the table by describing the function of the parts of the female reproductive system listed.		Mark
Parts of the female reproductive system	Function	
Ovaries	A woman has two ovaries. The ovaries control the production of hormones – oestrogen and progesterone. They contain hundreds of undeveloped eggs cells called ova. They release one egg a month; this is called 'ovulation.	4
Fallopian tubes	Each ovary is connected to the uterus by a fallopian tube. Every month, one of the ovaries releases an egg into a fallopian tube. The fallopian tubes are lined with tiny hairs called cilia which help to move the egg along into the uterus.	
Uterus (womb)	The uterus is a pear-shaped, hollow, muscular bag with a soft lining. A fertilised egg attaches onto the uterus wall (implantation). The uterus is where the baby develops until it is born	
Cervix	The cervix is a strong ring of muscle between the lower end of the uterus and the vagina. It keeps the baby in place while the woman is pregnant. During labour, the cervix dilates (opens) gradually to allow the baby to be born.	

2



3

Explain the function of the testes.	Mark
Any two from: <ul style="list-style-type: none"> • produce sperm • produce the male hormone testosterone • store sperm and testosterone 	2

4

Explain how sperm are kept at the correct temperature by the testes.	Mark
Any two from: <ul style="list-style-type: none"> • They are kept in the scrotum • Scrotum is a sac of skin positioned behind the penis • The sac is outside the body so that sperm are kept at the sperm at the correct temperature. 	2

5

State an alternative name for the 'womb'.	Mark
Uterus	1

6

State the length of the average menstrual cycle.	Mark
28 days	1

7

State approximately at what part in the menstrual cycle is the woman most fertile.	Mark
Any one from: <ul style="list-style-type: none"> • during ovulation • days 11–18 	1

1.5 How reproduction takes place

Recall activities

1

Ovulation	Conception/fertilisation	Implantation
<ul style="list-style-type: none"> Ovulation takes place when an egg is released from one of the woman's ovaries. It begins to travel down the fallopian tube at around day 14 of the menstrual cycle. 	<ul style="list-style-type: none"> During sex, the man ejaculates sperm into the woman's vagina. Sperm then travel to the fallopian tube. Conception takes place in the fallopian tube when the woman's egg is fertilised by one of the man's sperm. 	<ul style="list-style-type: none"> At around another seven days, the fertilised egg reaches the uterus and implants (attaches) itself in the uterus lining. At this point conception has occurred and the egg is now called an embryo. Hormones released by the embryo prevent the uterus lining from being shed. This is why women miss their periods when they are pregnant.

2 Student's own spider diagram

3

Identical twins	Non-identical / fraternal
<ul style="list-style-type: none"> These twins result when one fertilised egg splits into two parts. 	<ul style="list-style-type: none"> These twins develop when two eggs are released and each is fertilised by a different sperm. They can be either the same sex, or a boy and a girl.

Short-answer exam-style practice questions

1

Complete the information with the missing words.	Mark
This is a protective fluid, mainly water, called <u>amniotic</u> fluid. It cushions the baby's movements inside the womb. This is where water, <u>nutrients</u> and antibodies are transferred between the mother and her baby.	4
The <u>umbilical</u> cord is a tube that connects the foetus to the mother throughout the pregnancy. Blood flows through the umbilical cord to and from the <u>placenta</u> . The baby's blood comes very close to the mother's but does not mix.	

2

Describe what happens when ovulation takes place.	Mark
Description should include: <ul style="list-style-type: none"> • an egg is released from one of the ovaries • the egg begins to travel down the fallopian tube at around day 14 of the menstrual cycle 	2

3

Explain what conception means and where it takes place.	Mark
Answer should include: <ul style="list-style-type: none"> • conception takes place in the fallopian tube • where the woman's egg is fertilised by one of the man's sperm 	2

4

Explain the process of implantation.	Mark
Explanation could include three from: <ul style="list-style-type: none"> • After a few days, the fertilised egg reaches the uterus • The fertilised egg implants (attaches) itself in the uterus lining • At this point conception has occurred and the egg is now called an embryo • Hormones released by the embryo prevent the uterus lining from being shed. This is why women miss their periods when they are pregnant 	3

5

Identify approximately at which point in the menstrual cycle a woman is most fertile.	Mark
Between day 11 and day 18 of the menstrual cycle.	1

6

State one purpose of the umbilical cord.	Mark
Any one from: <ul style="list-style-type: none">• This is the tube that connects the foetus to the mother during pregnancy.• Blood from the baby flows continually to and from the placenta through the umbilical cord.	1

1.6 The signs and symptoms of pregnancy

Recall activity

1

Signs and symptoms of pregnancy	
Breast changes	Becoming larger, feel heavier and may even feel sore or tender. Nipples may be darker and stand out more.
Missed period	Often the first and most common sign. It is the most reliable sign for someone who has a regular menstrual cycle.
Feelings of nausea and vomiting	Often called 'morning sickness', but can occur at any time, not just in the morning.
Passing urine more frequently than usual	Early on in pregnancy this is due to hormonal changes. Later it is caused by the pressure of the growing uterus on the bladder.
Tiredness	Due to hormone changes in the body to begin with. Later it can be the additional weight being carried.

Short-answer exam-style practice questions

1

What can cause tiredness and passing urine more frequently early in pregnancy?	Mark
Hormone changes	1

2

State one cause of tiredness and lack of sleep towards the end of pregnancy.	Mark
Any one from: <ul style="list-style-type: none"> The additional weight the mother is carrying. Pressure on the bladder – frequent trips to the loo, so interrupted sleep. 	1

3

Is a missed period always a reliable sign of pregnancy? Give a reason for your answer.	Mark
One mark each point: <ul style="list-style-type: none"> No, it is not always a reliable sign of pregnancy. A missed period is only a reliable sign for a woman who usually has a regular monthly menstrual cycle. 	2

4

Describe how breasts can change early in pregnancy.	Mark
Any four from: <ul style="list-style-type: none">• becoming larger• feel heavier• feel tender• may feel sore• nipples may be darker• nipples stand out more.	4

Long-answer exam-style practice questions

Use sample answers and mark schemes provided in the workbook to mark your responses.

Topic area 2: Antenatal care and preparation for the birth

2.1 The purpose and importance of antenatal clinics

Recall activities

1

Complete the missing information using the words provided.

The first midwife appointment should happen before **ten weeks**. This is because some routine tests should be done before this time, such as testing for **sickle cell disease** or thalassaemia.

The first appointment lasts about an hour. The mother will be given information about folic acid supplements, **nutrition**, diet and food hygiene and lifestyle factors – such as smoking, **drinking alcohol** and recreational drug use, antenatal **screening** and diagnostic tests.

2

Complete the chart with examples of GP, midwife, and obstetrician roles in pregnancy care.

GP	Midwife	Obstetrician
<ul style="list-style-type: none"> Will answer initial questions and give advice on pregnancy to the mother Will discuss any existing medical conditions the mother may have that could affect her pregnancy Treat the mother for any non-pregnancy-related medical problems during pregnancy, and/or manage long-term conditions, such as diabetes Treat minor illnesses that are pregnancy-related, such as morning sickness or cystitis Respond to any emergency problems 	<ul style="list-style-type: none"> Will help create a birth plan Gives advice on healthy eating and exercise for a healthy pregnancy Is an expert in normal pregnancy and birth Usually cares for the mother up to ten days after birth, but if needed can extend their care for up to 28 days after birth Identifies high-risk pregnancies Carries out clinical examinations – checking urine, blood pressure, measuring the uterus, listening to the baby's heartbeat Checks the health of the mother and baby 	<ul style="list-style-type: none"> have appointments with pregnant women if there are complications with the pregnancy will deliver the baby if there are any complications deal with multiple births perform caesarean sections use intervention methods such as forceps or ventouse

<p>regarding the pregnancy, such as abdominal pain</p> <ul style="list-style-type: none">• Refers the mother to midwife services, putting her on the maternity list so she will be invited for scans and antenatal care services.	<ul style="list-style-type: none">• Provides parenting classes, develops the mother's self-confidence and helps support her mental health• Answers questions and worries the mother may have• Discusses scans, tests and checks throughout pregnancy• Supports the mother through labour and birth• Teaches the mother how to care for, bath and feed the baby and provides breast-feeding advice.	
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3 Student's own spider diagram.

My Birth Plan

How and where I would like to give birth

- Home birth
- Hospital birth
- Water birth
- Natural lighting if possible
- Dim lights
- Music of my choice playing
- Aromatherapy
- Minimal interruption/Quiet environment
- With my birth partner
- No students observing

Pain management

- I would not like any medication other than gas and air
- I would consider an epidural if pain was unmanageable

Comfort during labour

- Massage or reflexology
- Shower or bath
- Breathing techniques
- Walking or birthing ball

Labour and pushing

- Cervical monitoring – as needed
- Monitoring of baby – as needed
- Help with monitoring breathing
- Avoid episiotomy unless essential
- Avoid forceps and/or ventouse unless essential
- Mirror to see birth of baby

After birth

- Skin to skin contact immediately post-birth
- Cord cut by birth partner

Feeding

- I would like to breastfeed if possible but am open to a combination of both
- No use of pacifiers please.

Short-answer exam-style practice questions

1

What is sickle cell disease?	Mark
This is when red blood cells develop abnormally (cells become rigid and sickle-shaped).	1

2

State the meaning of 'thalassaemia'.	Mark
A condition where individuals produce too little or no haemoglobin, which is used by red blood cells to carry oxygen around the body.	1

3

State one reason why a baby's heartbeat is checked.	Mark
Any one from: <ul style="list-style-type: none">Hearing the baby's heartbeat confirms that the baby is alive.This check will also confirm whether the heartbeat is within the normal range of 110–160 beats per minute.	1

4

Give two reasons why an examination of the uterus is carried out.	Mark
Used to assess the baby's size (1) and position (1) in the uterus	2

5

Explain why a mother's weight is checked regularly.	Mark
Any two from: <ul style="list-style-type: none">If more than expected weight is gained it could indicate pre-eclampsiaIf less than expected weight is gained it could indicate that the baby has stopped growingWeight changes can indicate a sign of illness in the mother	2

6 & 7 Refer to the mark scheme and student response.

2.2 Screening and diagnostic tests

Recall activity

1

There are two definitions below. One is for diagnostic tests and the other is for screening tests. Fill in the empty boxes with the correct names.	
Diagnostic tests	These tests are carried out to diagnose and confirm whether or not an individual has a disease
Screening tests	These tests are carried out to estimate the level of risk of the baby being born with a particular disease or condition

2

Complete the table with all you know about each type of ultrasound scan.	
Dating scan – 12 weeks	<ul style="list-style-type: none"> • The first scan, carried out at 12 weeks, is called the 'dating scan'. • The sonographer will be able to estimate when the baby is due based on the baby's measurements. • The purpose of the dating scan is to check: • how many weeks pregnant the woman is and the due date of the baby, whether the woman is expecting more than one baby and that the baby is growing in the right place
Anomaly scan – 20 weeks	<ul style="list-style-type: none"> • The sex of the baby can be seen at this scan. • The scan looks in detail at the baby's bones, heart, brain, spinal cord, face, kidneys and abdomen. • Some conditions can be seen more clearly than others, for example spina bifida can usually be seen clearly. • The anomaly scan allows the sonographer to look for 11 rare conditions: +Anencephaly + Bilateral renal agenesis + Cleft lip + Diaphragmatic hernia + Edwards' syndrome + Exomphalos + Gastroschisis + Lethal skeletal dysplasia + Open spina bifida + Patau's syndrome + Serious cardiac abnormalities.
Nuchal fold translucency scan	<ul style="list-style-type: none"> • A nuchal fold translucency scan is a screening test for Down's syndrome offered to the mother at 12 weeks. • It assesses the chance of the baby having Down's syndrome. • An ultrasound scan measures the thickness of the fluid at the back of the baby's neck – babies with Down's syndrome have a thicker layer of fluid. • If this fluid is thicker than average, mothers are offered a further follow-up test for diagnosis to find out if the baby is likely to have the condition

Triple test	<ul style="list-style-type: none"> • Triple test is a screening test carried out at 10–14 weeks. • The test assesses the likely chance of a baby having Down’s, Edwards’ or Patau’s syndrome. • If the test shows a higher chance of the baby having any of these syndromes, further diagnostic tests are offered
Non-invasive pre-natal testing (NIPT)	<ul style="list-style-type: none"> • Non-invasive prenatal testing (NIPT) identifies chromosome conditions such as Down’s, Edwards’ and Patau’s syndrome. • It can be carried out from week 10, which is earlier than most alternative tests. • It is a very accurate test and is not invasive, so does not carry the risk of miscarriage. • The test is safe, as it is just a normal blood test where a sample is taken from the arm. If the NIPT test result predicts the baby is affected, an invasive diagnostic test, such as amniocentesis, is usually recommended as NIPT is a screening test, not a diagnostic test

3

Complete the second column of the table with all you know about each type of diagnostic test.	
Amniocentesis	<ul style="list-style-type: none"> • Amniocentesis tests for a range of conditions, including Down’s syndrome, cystic fibrosis, muscular dystrophy, Edwards’ and Patau’s syndromes, sickle cell disease and thalassaemia. • The test will usually be able to confirm for certain if the baby will, or will not, be born with any of the conditions tested for.
Chorionic villus sampling (CVS)	<ul style="list-style-type: none"> • In chorionic villus sampling (CVS), a small sample of cells from the placenta is removed for testing. It is usually carried out at 11–14 weeks of pregnancy, although it can be performed later than this if necessary. • As the test can be carried out earlier in the pregnancy, the mother will have more time to consider the results. • CVS can diagnose a number of conditions, including: + Down’s, Patau and Edwards’ syndrome + cystic fibrosis + Duchenne muscular dystrophy + thalassaemia + sickle cell disease + phenylketonuria

Short-answer exam-style practice questions

1

Explain the difference between diagnostic and screening tests.	Mark
screening tests estimate the level of risk of the baby being born with a particular disease or condition (1) screening will determine if someone is at risk of developing the disease or not (1) diagnostic tests will provide a diagnosis of a baby having a certain condition (1) diagnostic tests will confirm whether or not a baby has a disease (1)	4

2

Name two diagnostic tests.	Mark
Any two from: <ul style="list-style-type: none"> • Amniocentesis • Chorionic villus sampling 	2

3

Name two screening tests.	Mark
Any two from: <ul style="list-style-type: none"> • Ultrasound scans • Anomaly scans • Nuchal fold translucency scan • Triple test • Non-invasive prenatal testing (NIPT) 	2

4

State one reason for having an amniocentesis test.	Mark
Any one from: <ul style="list-style-type: none"> • Tests for a range of conditions, including Down's syndrome, cystic fibrosis, muscular dystrophy, Edwards' and Patau's syndromes, sickle cell disease and thalassaemia. • The test will usually be able to confirm for certain if the baby will, or will not, be born with any of the conditions tested for. • The mother might find that the baby does not have the condition that screening tests said they might have, which can be very reassuring. • If the test confirms that the baby does have the condition they were tested for, the mother can decide how to proceed with the pregnancy 	1

5

Identify two reasons for having a CVS (chorionic villus sampling) test.	Mark
<p>Any two reasons from:</p> <ul style="list-style-type: none"> • Recommended if test results or medical/family history suggest that a mother has a higher chance of having a baby with a genetic or chromosomal condition. • CVS can diagnose a number of conditions, including: + Down's, Patau and Edwards' syndrome + cystic fibrosis + Duchenne muscular dystrophy + thalassaemia + sickle cell disease + phenylketonuria. • CVS will usually tell for certain if the baby will or will not be born with any of the conditions that were tested for. • Very reassuring if CVS finds that the baby does not have the condition screening tests said they might have. 	2

6

Person carrying out an anomaly scan	Tick	Mark
Obstetrician		1
Sonographer	✓	
Anaesthetist		

2.3 The purpose and importance of antenatal (parenting) classes

Recall activity

1

Create a detailed spider diagram about the purpose and importance of antenatal (parenting) classes.

Topics could include aspects of:

- Preparing both parents for labour and parenthood
- Promotes healthy lifestyle
- Promotes healthy diet
- Provides advice on feeding
- Advice on breast feeding encouraged for first two weeks at least

Short-answer exam-style practice questions

1

State three purposes of attending antenatal (parenting) classes.	Mark
Any three from: <ul style="list-style-type: none">• prepares both parents for labour• prepares both parents for parenthood• promotes healthy lifestyle• promotes healthy diet• promotes appropriate exercise• provides advice on feeding and caring for the baby	3

2

Identify three alternative partners who could attend with the pregnant mother.	Mark
Any three from: <ul style="list-style-type: none">• family such as sister• a friend• husband• partner• the pregnant woman's mother	3

3

Give three examples of advice that would be provided in antenatal classes for feeding and caring for the baby.	Mark
Any three examples. Suggestions could include: <ul style="list-style-type: none">• how to bottle feed• how to breast feed• soothing a crying baby• washing and bathing the baby• learning how to change a nappy• helping the baby to sleep	3

4

Explain why breast feeding is encouraged within the first two weeks of a baby's life.	Mark
Examples include: <ul style="list-style-type: none">• ensures that baby receives colostrum, which gives antibodies that protect against diseases• protects against infections• gives mother health benefits also• builds a good initial bond between mother and baby• immediately available food source for baby that contains all of baby's nutritional needs	4

2.4 The choices available for delivery

Recall activity

1

Reasons for choosing a hospital birth

- The best choice if any complications have been identified, or needing caesarean, for example.
- It gives the mother a break from household responsibilities and so provides more opportunities to rest.
- A midwife is always available to answer any questions.
- There are restricted visiting hours, so there are fewer disturbances from visitors.

Advantages of a hospital birth

- The mother might feel safer.
- Expert, trained staff are available if there is a problem or an emergency.
- Specialist equipment is immediately available if needed for the baby.
- Hospital is the only option if a caesarean is needed.
- Hospital is the only option if forceps and/or a ventouse needed.
- Some types of pain relief can only be given in hospital, such as an epidural (an anaesthetic given in the lower back to numb pain).
- The mother can meet other mothers having similar experiences.
- Hospital provides sterile conditions.

Disadvantages of a hospital birth

- There is less privacy as a hospital is a public building.
- The mother may be frightened by hospitals as they are places associated with illness.
- It might be a less personal environment.
- The father may not be as involved with the birth.
- There is a possibility that the mother picks up a hospital-related infection such as MRSA.

Reasons for choosing a home birth

- Familiar surroundings mean the mother is more relaxed and in control.
- Medical intervention is less likely.
- The family can have as many people present, or not, as liked.
- Other children in the family are less disrupted, as their mother is not separated from them.
- The birth partner can spend more time with their partner and their baby.

Advantages of a home birth

- Privacy is guaranteed before, during and after the birth.
- Mother and baby are not disturbed by other babies crying.
- The family can follow their own routine, not that of a hospital ward.

- There is more personalised care.
- Mothers are likely to know the midwife better as she will have seen her throughout her pregnancy.
- Mothers can still have some pain relief – gas and air, pethidine, use of a TENS machine provided by the midwife.
- Mothers are in a quiet, calm environment so can rest or sleep.

Disadvantages of a home birth

- Certain pain relief is not available, such as an epidural.
- A transfer to hospital might be needed if there are complications.
- In some circumstances, the midwife or doctor might advise that a hospital birth is safer, for example, in inadequate housing conditions.
- Unhygienic housing conditions.

Health professionals might advise a hospital birth if:

- there have been complications during pregnancy
- a mother has placenta praevia
- a mother may need a caesarean section
- there has been a difficult birth in a previous pregnancy
- a baby is likely to be born prematurely (and therefore may need special care)

Short-answer exam-style practice questions

1

Identify four reasons a hospital birth might be advised.	Mark
<p>Any four from:</p> <ul style="list-style-type: none"> • There have been complications during pregnancy • A mother has placenta praevia • A mother may need a caesarean section • There has been a difficult birth in a previous pregnancy • A baby is likely to be born prematurely (and therefore may need special care) • A mother has a very small pelvis (a caesarean section may be needed) • A mother has existing health problems, such as diabetes, obesity, high blood pressure or pre-eclampsia • There is more than one baby that needs to be delivered • The mother lives a long way from the hospital (which could be a problem in an emergency) • An epidural is wanted for pain relief (this needs to be administered by an anaesthetist) • The medical staff believe the baby should be induced • The mother is very young (under 16 years old) • The mother is having her first baby • The baby is in the breech position. 	4

2

State two reasons why an obstetrician would be involved in delivery a baby	Mark
<p>Any two from:</p> <ul style="list-style-type: none"> • If there are any complications • Deliver multiple births • Perform caesarean sections • Buse intervention methods such as forceps or ventouse 	2

3

Describe two advantages of a home birth	Mark
<p>Any two from:</p> <ul style="list-style-type: none"> • Familiar surroundings mean the mother is more relaxed and in control. • Medical intervention is less likely. • The family can have as many people present, or not, as liked. • The birth partner can spend more time with their partner and their baby. • Privacy is guaranteed before, during and after the birth. • Mother and baby are not disturbed by other babies crying. • The family can follow their own routine, not that of a hospital ward. 	2

- | | |
|--|--|
| <ul style="list-style-type: none">• Other children in the family are less disrupted, as their mother is not separated from them.• There is more personalised care.• The mother is likely to know the midwife better as she will have seen her throughout her pregnancy.• Mothers can still have pain relief – gas and air, pethidine, use of a TENS machine provided by the midwife.• Mothers are in a quiet, calm environment so can rest or sleep. | |
|--|--|

2.5 The role of the birth partner in supporting the mother through pregnancy and birth

Recall activity

1

Physical support	Emotional support
<ul style="list-style-type: none">• During labour – massaging the mother’s back and shoulders• Helping the mother to rest by doing chores around the house (such as laundry and cleaning)• Looking after other children• Preparing meals, so she eats properly• Doing the shopping• Screening the number of visitors so the mother doesn’t get too tired• Being at home as much as possible and available to help• Attending antenatal classes with her	<ul style="list-style-type: none">• During labour – just being there so the mother does not feel alone• Providing her with reassurance that she is doing fine• Being alert to her mental health• Taking care of visitors – a pregnant mum needs to rest• Being actively involved – discussing the birth plan, talking things through• Giving the mother time to relax and rest – and making sure she does• Learning about pregnancy and birth so mother feels supported• Being sympathetic and supportive if and when the mother suffers discomfort during pregnancy• Asking the mother how they can help her

Short-answer exam-style practice questions

1

Describe the role of the birth partner and give three reasons why they are required.	Mark
<p>Any three from:</p> <ul style="list-style-type: none"> • Someone the mother can rely on through pregnancy and the birth. • May attend antenatal classes with the mother. • Knows the mother’s wishes so that they can be supportive if the mother is not in a position to be assertive themselves. • Someone the mother knows she can rely on to provide help and support to get through the birth. • Gives emotional and physical support. 	3

2

Identify one health professional seen at a first antenatal appointment	Mark
One mark for <i>either</i> GP <i>or</i> midwife.	1

3

State three examples of physical support a birth partner could provide.	Mark
<p>Any three from:</p> <ul style="list-style-type: none"> • doing the shopping • doing the cleaning • doing the washing • screening the number of visitors so she doesn’t get too tired • being at home as much as possible and available to help • attending antenatal classes with her 	3

4

State three examples of emotional support a birth partner could provide.	Mark
<p>Any three from:</p> <ul style="list-style-type: none"> • being there • giving time to relax • reassurance • being actively involved – discussing the birth plan, talking things through • giving her time to relax and rest – and making sure she does • learning about pregnancy and birth so she feels supported • being sympathetic and supportive if/when she suffers discomfort during pregnancy • asking how they can help her 	3

2.6 The methods of pain relief when in labour

Recall activity

1

Gas and air/Entonox	
Breathed in through a mouthpiece which the mother can hold themselves	
<p>Advantages:</p> <ul style="list-style-type: none"> • Does not affect the baby/no harmful side-effects for baby • Works very quickly • Mother can control own intake • Drug does not stay in the system • Contains oxygen, which is good for baby • Can be used for home or water birth • Easily breathed in through a mouthpiece 	<p>Disadvantages:</p> <ul style="list-style-type: none"> • Does not relieve all the pain – not a strong pain killer • Short-term effect/wears off quickly • Gives mother a very dry mouth • Can make mother sick • Can make mother light-headed/dizzy/drowsy
Pethidine	
This is drug which is given by injection.	
<p>Advantages:</p> <p>Lasts between 2 and 4 hours</p> <p>Can be administered by midwife – doctor not needed</p> <p>It is a strong pain killer</p> <p>It also helps mother to relax</p> <p>Useful in early stages of labour</p>	<p>Disadvantages:</p> <p>Have to have an injection: mother may be afraid of needles</p> <p>Can take 20 minutes to work, so it's possible baby may be born before it is effective</p> <p>Can cross placenta and make baby drowsy</p> <p>The drug can affect baby's first feed</p> <p>Can affect baby's breathing</p> <p>Can make mother sick</p> <p>Can make mother and baby woozy or sleepy</p>
TENS	
Transcutaneous electrical nerve stimulation machine is a small device with electrodes that are taped onto the mother's back. Holding the control, the mother can give herself small, safe electrical impulses that interfere with passage of pain signals to the brain to relieve the pain.	
<p>Advantages:</p> <p>It helps the body to produce endorphins which are the body's own natural painkilling hormones</p> <p>Useful in the early stages of labour</p> <p>The mother can move around freely</p> <p>The mother is in control of the pain relief</p>	<p>Disadvantages:</p> <p>Most effective in the early stages of labour for lower back pain</p> <p>Not as successful at pain relief in the later stages of labour</p> <p>In later stages of labour would have to be used alongside other methods, e.g., Entonox or pethidine</p>

Non-invasive pain relief: no side-effects for mother or baby

Cannot be used if the mother has a pacemaker implant, a heart problem or epilepsy

Short-answer exam-style practice questions

1

Identify one drug free form of pain relief that can be used in labour.	Mark
TENS machine	1

2

Identify one form of pain relief used during labour that needs to be administered by an anaesthetist.	Mark
Epidural	1

3

Describe two disadvantages of pethidine when used as pain relief during labour.	Mark
<p>Examples might include:</p> <ul style="list-style-type: none">• Pethidine needs to be injected and the mother might be afraid of needles.• It can take 20 minutes to work so it's possible the baby may be born before it becomes effective.• It can cross the placenta, making the baby drowsy.• It can affect the baby's first feed.• It can affect the baby's breathing.• It can make the mother sick.• It can make the mother and baby woozy or sleepy.	2

2.7 The signs that labour has started

Recall activity

1

Show	Waters breaking	Contractions start
<ul style="list-style-type: none"> • a discharge or 'show' of blood-stained mucus • back ache or back pain • nausea, vomiting and/or diarrhoea 	<ul style="list-style-type: none"> • waters break – membranes rupture • amniotic fluid escapes via the vagina • cervix starts to soften so that it can open (dilate) • baby's head moves down in the pelvis, moves into position 	<ul style="list-style-type: none"> • regular muscular contractions begin • contractions start slowly, but become stronger • contractions open up the cervix

Short-answer exam-style practice questions

1

Identify two signs that labour has started	Mark
Any two of the following: <ul style="list-style-type: none"> • a show • waters breaking • contractions. 	2

2

Describe the different types of contractions during labour	Mark
Descriptions might include: <ul style="list-style-type: none"> • Regular muscular contractions begin. This is when the muscles in the uterus tighten and then relax. • Contractions start slowly, but become stronger. • Contractions open up the cervix. 	3

2.8 The three stages of labour and their physiological changes

Recall activity

1

Complete the flowchart describing the three stages of labour.	
Labour stage 2: Birth of the baby	Labour stage 3: Delivery of placenta
<ul style="list-style-type: none"> • Cervix fully dilated at 10cm • The vagina and open cervix form one passage called the 'birth canal' • The baby's head moves into birth canal • The mother pushes with each contraction • Baby moves down birth canal • Baby's head crowns, mother pants/blows to control breathing so that the body is born gradually • The baby's head is born, followed by the rest of the body • A cut/episiotomy may be made if the perineum does not stretch enough • Umbilical cord clamped and cut • Baby placed on mother/father/partner for skin-to-skin contact • Mucus may be removed from baby's airways or baby may be given oxygen if needed 	<ul style="list-style-type: none"> • This stage is after the baby is born • It is the shortest stage of labour • The contractions start again to push out the placenta • The placenta is delivered • An injection of syntocinon may be given to speed up process by stimulating contractions, this helps reduce blood loss and helps a tired mother • Any tear or cut in the perineum will be sewn up under local anaesthetic

2

Insert the correct words to complete the sentences.
<p>The second stage of labour starts when the cervix becomes fully open and ends when the baby is born. When the cervix reaches full dilation at 10cm a passage is formed called the birth canal. Contractions help move the baby down the birth canal.</p>

Short-answer exam-style practice questions

1

How many centimetres is a fully dilated cervix?	Mark
10 cm	1

2

Describe the physical changes that take place during the second stage of labour.	Mark
<p>Any three of the following:</p> <ul style="list-style-type: none"> • Cervix fully dilated at 10cm • The vagina and open cervix form one passage called the 'birth canal' • The baby's head moves into birth canal • The mother pushes with each contraction • Baby moves down birth canal • Baby's head crowns, mother pants/blows to control breathing so that the body is born gradually • The baby's head is born, followed by the rest of the body • A cut/episiotomy may be made if the perineum does not stretch enough • Umbilical cord clamped and cut • Baby placed on mother/father/partner for skin-to-skin contact <p>Mucus may be removed from baby's airways or baby may be given oxygen if needed</p>	3

3

What stage of labour does the placenta deliver?	Mark
Stage 3	1

4

Name the white substance that covers babies after birth	Mark
vernix	1

2.9 The methods of assisted birth

Recall activity

1

Complete the table with the name of the correct method of assisted birth.
<ol style="list-style-type: none"> 1. Forceps 2. Ventouse 3. Episiotomy 4. Caesarean section

Short-answer exam-style practice questions

1

Identify three methods of assisted birth	Mark
<p>Any three from:</p> <ul style="list-style-type: none"> • Ventouse • Caesarean section • Forceps delivery • episiotomy 	3

2

Give two reasons why caesarean sections are carried out to deliver a baby	Mark
<p>Any two reasons for elective and/or emergency caesareans:</p> <p>Elective caesarean may be recommended as a planned (elective) procedure</p> <ul style="list-style-type: none"> • if a vaginal birth is considered too risky; for example, for delivering: • a very large baby • twins and multiple births <p>Emergency caesarean:</p> <ul style="list-style-type: none"> • if the baby stops breathing • if the mother is too ill to continue with labour and is too tired • in cases of foetal distress or if the baby is stuck in the birth canal, or if the • baby has medical problems • in placenta praevia – when the placenta is low and covering the cervix • if induction of labour has failed • if the umbilical cord is around the baby’s neck • if the mother has pre-eclampsia • when the baby is in breech position • when there is severe bleeding. 	2

3

Describe how and why the ventouse is used to deliver babies	Mark
<p>Any two from:</p> <ul style="list-style-type: none"> • A plastic or metal cap fits on the baby’s head by suction. • As the mother pushes with each contraction, an obstetrician gently pulls to help deliver the baby. • 1 mark for a description of why: • A ventouse may be used when the contractions are not strong enough to push the baby out and assistance is needed. 	2

Long-answer exam-style questions

1

Answer	Mark	Guidance
<p>Advantages</p> <ul style="list-style-type: none"> • Mother may feel safer • Trained staff available if there is a problem • Specialist equipment available if needed for the baby • Only option if caesarean needed • Only option if forceps and ventouse needed • Some types of pain relief can only be given in hospital/wider range of pain relief available • Midwife available to answer any questions • No household responsibilities • Can meet other mothers • More opportunities to rest/restricted visiting hours • Sterile conditions <p>Disadvantages</p> <ul style="list-style-type: none"> • Less privacy • Hospitals usually associated with illness/mother may be frightened by hospitals • Less personal 	8	<p>Level 3: 6–8 marks Detailed explanation At least two advantages and two disadvantages Relevant and accurate information Understanding of hospital birth is evident</p> <p>Level 2: 3–5 marks Some explanation but not fully developed May be unbalanced: one or two advantages OR disadvantages explained Mostly relevant and accurate information</p> <p>Level 1: 1–2 marks Little or no explanation Information may be list-like/muddled Limited advantages or disadvantages identified Note: Disadvantages must relate to a hospital birth.</p>

<ul style="list-style-type: none"> • Father may not be as involved with the birth • May pick up hospital related infections, e.g., MRSA • Not always with the same midwife • Noisy/busy in hospital/not relaxing/lots of visitors • Accept other appropriate points with explanation. 		<p>A comparison with a home birth is not required.</p>
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2

Answer	Mark	Guidance
<p>Preparation for labour and the birth:</p> <ul style="list-style-type: none"> • Birth partner will know what to expect during labour/contractions/breathing techniques • Birth partner will know how to support the mother during labour so will feel useful • Classes can help birth partner when couple are talking through their options on places to give birth/pain relief and make informed choices/feel more confident • Is able to help create a personal birth plan together • May meet professionals who will be involved in the birth therefore giving reassurance/opportunity to ask questions • Will be aware of procedures that the mother may have to go through if the birth is not straight forward – forceps or ventouse delivery • Birth partner will know how to support the mother – to give her rest, calm her/to reassure her that she is doing a good job 	<p>6</p>	<p>Level 3: 5–6 marks Detailed explanation Explicit reference to the birth partner Explicit reference to both preparation for labour and the birth Logical structure Relevant information</p> <p>Level 2: 3–4 marks Some explanation Relevant to birth partner May be unbalanced-just labour or just birth Some relevant information Some points not fully developed</p> <p>Level 1: 1–2 marks Limited explanation Basic information May not relate to birth partner Just labour or just the birth List-like/muddled</p>

Topic Area 3: Postnatal checks, postnatal care and the conditions for development

3.1 Postnatal checks

Recall activities

1

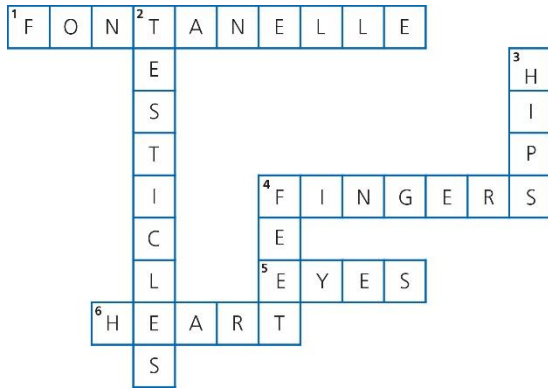
Purpose of vernix
<ul style="list-style-type: none"> it is a natural moisturiser protects baby's skin from infection and disease it provides a protective layer it should be left to naturally absorb into the baby's skin

Purpose of lanugo
<ul style="list-style-type: none"> it helps keep baby's body at right temperature protects baby's skin (from being damaged by amniotic fluid) makes it easier for the vernix to stay on the skin usually disappears before the baby is born lanugo at birth is more usual in premature babies.

2

Complete the table below with reasons that a baby's weight, length and head circumference are measured after birth.	
Postnatal check	Reasons for check
Weight	<ul style="list-style-type: none"> Recorded on centile chart so can be checked regularly. Average weight of newborn baby is 2.7–4.1kg (6–9lb). It is normal for babies to lose weight in first few days. Weight will be recorded regularly in a Personal Child Health Record, also known as the 'Red Book', which is provided for all parents. So, they can compare against the centile chart, as they can with the recorded length of the baby.
Length	<ul style="list-style-type: none"> Recorded on centile chart so can be checked regularly. To check against the average length at birth, which is 50–53 cm.
Head circumference	<ul style="list-style-type: none"> Average head circumference is 35cm – this is a baseline measurement used to track baby's development over time. Shape of baby's head is also assessed as it may be squashed because of birth; this usually disappears within a couple of days.

3



4

Choose words from the list below to complete the sentences about the heel prick test.	
a	Newborn blood spot screening involves taking a blood sample to find out if your baby has 1 of 9 rare but serious health conditions.
b	Most babies will not have any of these conditions but, for the few that do, the benefit of screening are enormous.
c	Early treatment can improve their health and prevent severe disability or even death.

Short-answer exam-style questions

1

State two purposes of measuring a newborn baby’s Apgar score immediately after the birth.	Mark
<p>Any two from:</p> <ul style="list-style-type: none"> Assessing the physical health of a newborn baby to identify any problems or complications It is a quick appraisal of initial health – how the baby is doing in the first few minutes of life Evaluates five vital signs – by grading each of them as 0, 1 or 2 points The higher the total score, the better the baby is doing Taken immediately after birth and again five minutes later to indicate whether help or additional attention may be needed <p>Assesses if help with breathing is needed – for example, if oxygen is needed or airway needs to be cleared out</p> <p>Identifies if urgent attention from a paediatrician is required</p> <p>A low score at five minutes is more serious than a low score at one minute</p>	2

2

State what the letters 'APGAR' stand for.	Mark
[A = is the baby moving and active?] P = what is the baby's pulse rate? G = does the baby respond with a grimace (pulled face) to stimulation? A = appearance – do they have good circulation – is the skin blue or pink? R = respiration – is the baby breathing well?	4

3

Give the average weight and length of a newborn baby.	Mark
Average weight of new born baby 2.7–4.1 kg (6–9 lb) Average length at birth is 50–53 cm	2

4

Explain why it is important to regularly check a baby's weight.	Mark
Any four from: <ul style="list-style-type: none"> • So that baby can be tracked on/compared with a centile chart which shows the expected pattern of growth. • Comparisons can be made over the coming weeks and months. • Steady weight gain is important sign baby is healthy and well. • It is normal for baby to lose a little of their birth weight within the first few days, but this should soon be regained – usually within two weeks. 	4

5

Serena is unsure about taking her new baby to have the heel prick test. Give two reasons why she should take her baby for the test.	Mark
Any two from: <ul style="list-style-type: none"> • It tests for nine conditions. • Although these conditions are rare, they are also serious, so early screening is advised. • Early treatment can improve the health of the baby and may prevent disability or even death • The test does not have any known risks for a baby • It is just a little prick for four spots of blood. 	4

6

Name three conditions that the heel prick test checks for	Mark
<p>Any three from:</p> <ul style="list-style-type: none"> • sickle cell disease • cystic fibrosis • congenital hypothyroidism • phenylketonuria (PKU) • medium-chain acyl-CoA dehydrogenase deficiency (MCADD) • maple syrup urine disease • isovaleric acidaemia • glutaric aciduria 	3

7

Identify two physical checks that are carried out on a baby's eyes and fontanelle (Give one answer for each)	Mark
<p>Eyes:</p> <ul style="list-style-type: none"> • Checked for problems such as cataracts <p>Fontanelle:</p> <ul style="list-style-type: none"> • This is two soft spots on the top of babies head where bones have not fused together, they are covered by a tough protective membrane. • This is checked for signs of abnormalities. 	2

3.2 Postnatal care of the mother and baby

Recall activity

1

Create a detailed spider diagram with information about the role of the health visitor.

Annotations about the role of health visitor might include:

- takeover care from the midwife after about 10–14 days
- do a ‘new baby review’
- advice on baby routines – sleep, feeding, for example
- give advice on safe sleeping
- support with mental health; is the mother feeling well?
- looking out for signs of post-natal ‘baby blues’ – can provide support
- give details of vaccinations, for example, the ‘6 in 1’ vaccine which protects against six serious childhood conditions including: diphtheria, polio, tetanus and whooping cough
- provide information, support and advice about breast and bottle feeding
- share advice about life as a new parent; support with parenting responsibilities
- advises on whether baby is making expected progress

2

Completed table with the do’s and don’ts for safe sleeping and reducing the risk of SIDS

Do	Don’t
<ul style="list-style-type: none"> • Always place the baby on their back to sleep • Place baby in the ‘feet to foot’ position – with the feet touching the end of the cot, Moses basket or pram • Keep a baby's head uncovered – their blanket should be tucked in no higher than their shoulders • Have the baby sleep in a cot or Moses basket in the same room as the parents for the first six months • Use a mattress that is firm, flat, waterproof and in good condition 	<ul style="list-style-type: none"> • Do not put the baby on its side or tummy to sleep • Do not sleep on a bed, sofa or armchair with a baby • Do not smoke during pregnancy or let anyone smoke in the same room as the baby – both before and after birth • Do not share a bed with the baby if mother or their partner smoke or take drugs, or have recently drunk alcohol • Do not let the baby get too hot or too cold – a room temperature of 16 C to 20 C, with light bedding or a lightweight baby sleeping bag, will provide a comfortable sleeping environment for a baby

3

Ways in which the partner can provide physical and emotional support for the mother.	
Physical support	Emotional support
<ul style="list-style-type: none"> • help with feeding baby – if bottle fed or milk expressed, preparing bottles, giving feeds • get up at night if baby is crying • changing nappies • take care of visitors so she can rest and relax • do chores around the house, e.g., tidying up, vacuuming, dusting • look after other children • prepare meals • do the shopping 	<ul style="list-style-type: none"> • be there for her so she has someone to talk to and ask advice/reassurance • have time alone with baby, bonding – so mum can rest • take baby out in the pram – gives mum a break, and peace and quiet • encourage the new mother to take gentle exercise, e.g., go for a walk with her, as this can aid recovery and improve mental health • support her and get help if needed, for ‘baby blues’ or signs of postnatal depression • provide emotional support – recognise and be aware of mother’s needs stress/anxiety; ask how she is feeling

4

Make a list of ways family and friends can provide physical and emotional help
<ul style="list-style-type: none"> • Practical help with things like shopping • Tell her she’s doing a great job – supporting her emotions • Offering to do some washing or cleaning to give mum a break • Offering advice, if asked – baby care tips, establishing routines etc. • Feeding baby, helping baby to sleep or stop crying • Offering to drive if mother needs to go out to a GP appointment • Cooking meals or delivering a meal ready cooked • Do household tasks so mum can have a shower • Be there – just listen

Complete the description of what is usually covered at the 6-week check.

- The mother is asked how they are feeling as part of a general **discussion** about her mental health and well-being
- She will be asked if she still has any **vaginal** discharge and whether she has had a period since the birth
- **Blood** pressure will be checked
- She will be offered an examination to check if **stitches** have healed (if she had an episiotomy or caesarean) and whether the uterus is going back to size
- Contraception will be discussed
- **Weight** will be checked - weight loss and healthy eating guidance will be given.
- The mother will be asked if she has any **concerns** about herself or baby, sleeping, breast feeding, etc.

Short-answer exam-style practice questions

1

Identify what the initials SIDS stand for.	Mark
Sudden Infant Death Syndrome	1

2

Explain the safe sleeping position.	Mark
<p>Any two from the following:</p> <ul style="list-style-type: none"> • always place the baby on their back to sleep • place baby in the 'feet to foot' position • feet should be touching the end of the cot 	2

3

Identify four pieces of advice for a mother that will reduce the risk of SIDS	Mark
<p>Any four from:</p> <ul style="list-style-type: none"> • Use safe sleeping position • keep baby's head uncovered • blanket tucked in no higher than their shoulders • have the baby sleep in a cot or Moses basket in the same room as the parents for the first six months • mattress in good condition, firm, flat and waterproof • do not put the baby on its side or tummy to sleep • do not smoke during pregnancy or let anyone smoke in the same room as the baby – both before and after birth • do not sleep on a bed, sofa or armchair with a baby • do not let the baby get too hot or too cold – a room temperature of 16C to 20C, with light bedding or a lightweight baby sleeping bag • breastfeed if possible 	4

4

State the purpose of the six-week check.	Mark
<p>Any two from the following:</p> <ul style="list-style-type: none"> • covers all aspects of how the new mother is coping • physical and emotional well-being is checked. • mothers have an opportunity to ask questions during the checks. 	2

5

Isabelle visits her GP for her six-week post-natal check. State four checks the GP will carry out.	Mark
<p>Any four from:</p> <ul style="list-style-type: none"> • How Isabelle is feeling/mental health/postnatal depression • If Isabelle has any vaginal discharge • Blood pressure check • Check scar if had a caesarean • Check uterus going back to size • If Isabelle has had a period yet/have periods returned to normal • If Isabelle has any concerns about herself or baby/sleeping/breast feeding • Perineal check – check stitches/tears/pelvic floor • Weight • If Isabelle has any concerns about contraception 	4

6

State three concerns a new mother should always tell the GP about.	Mark
<ul style="list-style-type: none"> • Feeling sad or anxious – looking after a baby can sometimes feel overwhelming. • Do not feel they are struggling alone or put on a brave face. It's not a sign that you're a bad mother. • You need to get help if you have any of these feelings, as you may have postnatal depression. 	3

7

State two symptoms of post-natal depression.	Mark
<p>Any two from:</p> <ul style="list-style-type: none"> • Feeling anxious • Feeling sad and 'down' • Feeling overwhelmed • Feeling as though everything is a struggle • Feeling depressed 	2

3.3 The developmental needs of children from birth to five years

Recall activity

1

Warmth: Revision card suggested content	
Importance	How it is met
<ul style="list-style-type: none"> • The room where a baby sleeps should be warm rather than hot – 18° C is ideal • Babies lose excess heat through their heads • Babies overheating can increase the risk of SIDS • Babies lose heat very quickly and easily become chilled • Cold and damp environments can cause young children to develop respiratory illnesses such as asthma or other infections • To avoid loss of body temperature, causing hypothermia or dehydration in different weather conditions 	<ul style="list-style-type: none"> • Use a nursery thermometer – to keep a check on the room temperature • Head must be uncovered when sleeping • Check by touching their tummy; cooler hands or feet are normal • The room where bathed should be draft-free and at least 20° C • Adequate heating is required for a healthy environment • Appropriate clothing or layers of clothing should be provided for cold or hot weather and for different activities

Rest/Sleep: Revision card suggested content	
Importance	How it is met
<ul style="list-style-type: none"> • Adequate rest and sleep very important for physical and emotional well-being • Learning, growth and development will be supported by enough sleep and rest 	<ul style="list-style-type: none"> • Good routines for, e.g., bath, story, bed can help to ensure enough sleep and rest • Baby's should be allowed to sleep and rest whenever they need to

Exercise: Revision card suggested content	
Importance	How it is met
<ul style="list-style-type: none"> • Is good for physical health • Helps build fitness • Helps prevent children becoming overweight/obese 	<ul style="list-style-type: none"> • Encouraging young children to take part in sport and activities, such as: <ul style="list-style-type: none"> • toddlers' football club, • baby gym, • swimming

Feeding: Revision card suggested content

Importance	How it is met
<ul style="list-style-type: none"> To avoid obesity and diet-related illness To have a balanced, healthy diet with the correct nutrients for a growing child Food is needed for energy To develop life-long healthy eating habits 	<ul style="list-style-type: none"> Avoid sweets – only a very occasional treat Make tasty meals that encourage healthy eating No ‘junk’ food Healthy eating – use the ‘eatwell plate’ for guidance so the correct nutrients are eaten for a balanced diet

Love and emotional security: Revision card suggested content

Importance	How it is met
<ul style="list-style-type: none"> So that the child feels emotionally secure and safe Helps develop high self-esteem and self-confidence So that they feel loved, wanted and valued 	<ul style="list-style-type: none"> Making the child feel valued – praise, encouragement Spending time with the child, happy to be with them Take the time to be interested in what the child is doing/has achieved

Cleanliness and hygiene: Revision card suggested content

Importance	How it is met
<ul style="list-style-type: none"> Reduces chances of getting food poisoning Reduces risk of getting a virus or infection Cleaning kills bacteria, germs and viruses 	<ul style="list-style-type: none"> Good kitchen and home hygiene prevents illness and reduces the risk of being infected Keeping a child clean prevents infections and keeps the child healthy

Shelter/Home: Revision card suggested content

Importance	How it is met
<ul style="list-style-type: none"> Is one of a child’s most important basic needs Poor conditions in the home may cause illness and infections or make them worse A home must warm and clean, somewhere the child feels safe in 	<ul style="list-style-type: none"> Safe and secure housing Not damp: damp can affect conditions such as asthma Clean, hygienic surroundings to avoid spread of infections Comfortable for the child Comfortable for the child – clean bedding on their own bed, for example

Socialisation/play: Revision card suggested content

Importance	How it is met
<ul style="list-style-type: none"> • The child learns how to interact with others – both adults and other children this is skill for life • Play is an opportunity to mix with new people • Develops social skills and self-confidence 	<ul style="list-style-type: none"> • Opportunities for play encourage: • learning how to share/take turns and how to ‘play by the rules’ • learning to follow instructions • Playing with other children away from parent encourages learning to respect other children • Learns social skills –how to get along with others

2 Student’s own spider diagram

3

Complete the summary chart below about the benefits of feeding routines for babies and children and another for parents and carers.

Benefits for babies and children	Benefits for parents/carers
<p>Bonding with parents/carers:</p> <ul style="list-style-type: none"> • time spent having feeds or meals together develops parent/child relationship <p>Learning routines around mealtimes:</p> <ul style="list-style-type: none"> • reduces opportunities for snacking and supports developing healthy eating habits <p>Enjoyment:</p> <ul style="list-style-type: none"> • Feels comfortable – baby learns to know what to expect at feeding or meal times; develops good habits for the future 	<p>Regular meal times:</p> <ul style="list-style-type: none"> • establishes a routine, particularly when child is older and doesn’t need feeding as often, gives order to the day <p>Nurturing:</p> <ul style="list-style-type: none"> • develops a sense of well-being while caring for the baby/child

Short-answer exam-style practice questions

1

Identify four developmental needs of children, other than warmth and feeding	Mark
<p>Any four from:</p> <ul style="list-style-type: none"> • Fresh air • Shelter/home • Love/emotional security • Cleanliness and hygiene • Acceptable patterns of behaviour • Exercise • Socialisation/play • Opportunities for listening and talking • Rest/sleep • Stimulation 	4

2

Give two examples of the importance of exercise for children.	Mark
<p>Any two from:</p> <ul style="list-style-type: none"> • Is good for physical health • Helps build fitness • Helps prevent children becoming overweight / obese 	2

3

Give two examples of how children's need for exercise can be met.	Mark
<p>Any two from:</p> <ul style="list-style-type: none"> • Encouraging young children to take part in sport and activities • Toddlers' football club • Baby gym • Swimming • Accept other appropriate activities. 	2

4

Identify three benefits for children of having a bath time routine.	Mark
<p>Any three from:</p> <ul style="list-style-type: none"> • Bonding with parent/carer/siblings • Creates sense of security and belonging • Learning routines around bedtime • Helps them sleep better • Enjoyment • Learning and development 	3

Long-answer exam-style questions

1

Marks	Guidance	Answer
Level 3 (5–6 marks)	Detailed discussion of importance of warmth Detailed examples of ways to meet need for warmth Relevant information Uses appropriate terminology	Importance of warmth: <ul style="list-style-type: none"> • Babies lose heat very quickly and easily become chilled • Babies overheating can increase the risk of SIDS • Cold and damp environments can cause young children to develop respiratory illnesses such as asthma or other infections
Level 2 (3–4 marks)	Adequate discussion of importance Provides some examples of ways to meet need for warmth Relevant information but not fully developed Uses some appropriate terminology	<ul style="list-style-type: none"> • The room where a baby – sleeps should be warm rather than hot – 18° C is ideal.
Level 1 (1–2 marks)	Basic description of need for warmth Identifies ways to meet need for warmth Limited information May not use appropriate terminology	<ul style="list-style-type: none"> • To avoid loss of body temperature causing hypothermia or dehydration in different weather conditions Description of how the need for warmth can be met: <ul style="list-style-type: none"> • Adequate heating is required for a healthy environment • Appropriate clothing or layers of clothing should be provided for cold or hot weather and for different activities • Check temperature by touching their tummy; cooler hands or feet are normal • Head must be uncovered when sleeping • The room where bathed should be draft-free and at least 20° C • Use a nursery thermometer – to keep a check on the room temperature
0	No work worthy of credit.	

Marks	Guidance	Answer
Level 3 (6–8 marks)	Detailed description Both checks and reasons provided Relevant information Uses appropriate terminology	Reasons for post-natal review: <ul style="list-style-type: none"> • To see how she is coping with the baby • Support for baby offered, e.g., Breast/bottle feeding/ baby routines • Mia will be asked how she is coping; if she is feeling depressed/tired; if she might have post-natal depression; if she is bonding with baby • Guidance on exercise/physical activity/post-natal exercises, i.e., pelvic floor • Check Mia’s physical health, mental health and well-being • Can discuss any concerns she may have about herself or her baby • Advice on contraception, on booking a smear test, on Mia’s diet/weight loss/guidance on healthy eating • Checks carried out: <ul style="list-style-type: none"> • Any vaginal discharge • Breast check for lumps/mastitis/blocked milk ducts • Check uterus is going back to size • Diet checks: if she need supplements, e.g., iron/calcium • If Mia has had a period since giving birth • Incontinence/leaking urine • Legs-check for varicose veins / swelling/symptoms to suggest a blood clot • Mia’s blood pressure
Level 2 (5–3 marks)	Sound description Checks/reasons described - but not fully developed Some relevant information Uses some appropriate terminology	
Level 1 (1–2 marks)	Basic/limited description Identification of checks or reasons only List-like/muddled Limited information Uses some appropriate terminology	

		<ul style="list-style-type: none">• Pelvic exam/perineal check: to see if stitches/caesarean scar has healed• If suffering from constipation/haemorrhoids• Weight checked
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Topic Area 4: Childhood illnesses and a child-safe environment

4.1 Recognise general signs and symptoms of illness in children

Recall activities

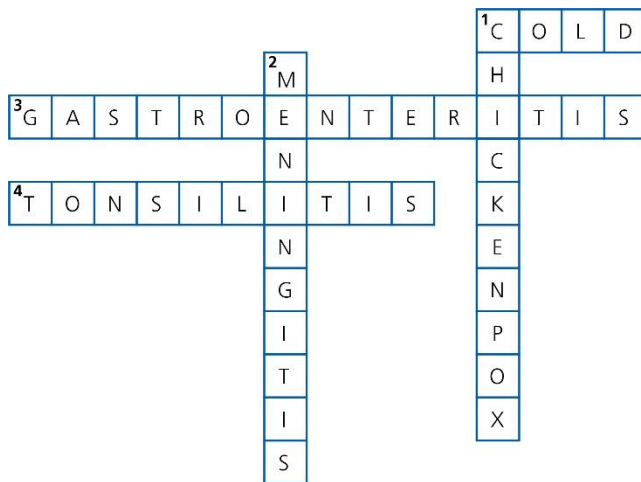
1

Complete the words in the statements to explain signs and symptoms of illness in children

Signs that a child is ill: changes that occur when a child is becoming ill, for example, loss of appetite, becoming 'clingy', irritable, continuous crying, lethargic, quieter than usual.

Symptoms of illness: conditions such as vomiting, diarrhoea, high temperature, breathing difficulties, fitting, developing a rash, becoming unresponsive.

2



3

Match the illness with their signs, symptoms and treatments

Illness	Signs and symptoms	Treatment
Mumps	Pain, swelling of the jaw in front of the ears, fever. Pain when eating and drinking.	Home care. Rest, drink plenty of fluids, take painkillers that are age appropriate for the child. Eat foods that don't need much chewing. Apply warm or cool compress to swollen glands to reduce pain.
Measles	High fever, fretful, white spots inside mouth followed by blotchy rash on body. Discharge from eyes.	Can be prevented by the MMR vaccine. Phone GP to confirm diagnosis. Home care, damp cotton wool to clean the eyes. Paracetamol or Ibuprofen to relieve fever. Plenty of fluids.

		Avoid contact with babies and people who are pregnant as it spreads easily.
Meningitis	Headache, fever, neck stiffness and joint pains, small red/purple spots that don't fade when pressed with the side of a glass. Inability to tolerate light, fits, very sleepy or difficult to wake.	Take to hospital A+E / call 999 for emergency treatment – antibiotics, fluids, oxygen.
Tonsillitis	Very sore throat, fever with temperature of 38 C or above, headache, earache, pain on swallowing, aches and pains in back and limbs.	Home care, rest, fluids. Cold drinks to reduce pain. Get plenty of rest, take paracetamol or ibuprofen. A pharmacist can give advice and suggest treatments such as: lozenges, throat sprays and antiseptic solutions.
Chickenpox	Slight fever, red itchy rash, child feels ill, severe headache.	Home care. Drink plenty of fluid (try ice lollies if the child is not drinking) to avoid dehydration. Rest, cut child's nails to prevent scratching the rash and causing secondary infection or scarring. Use antihistamine lotion to ease itching. Bathe in cool water and pat skin dry.
Common cold	Sneezing, sore throat, running nose, headache.	Home care. Treat symptoms i.e., headache, sore throat.
Gastroenteritis	Vomiting and diarrhoea; becoming dehydrated.	Home care. Replace fluids with water or rehydrating remedy from pharmacist. If child is very young or if symptoms are severe or continue for more than 12 hours, see GP. Fluids only for 24 hours.

Short-answer exam-style practice questions

1

Write a definition of and give an example of a sign of illness.	Mark
<p>Include any two in the definition:</p> <ul style="list-style-type: none"> • loss of appetite • becoming 'clingy' • irritable • continuous crying • lethargic • quieter than usual. 	2

2

State the meaning of 'symptom'.	Mark
<p>Any two from:</p> <ul style="list-style-type: none"> • vomiting • diarrhoea • high temperature • breathing difficulties • fitting • developing a rash • unresponsive 	1

3

Describe how you would look after a child with chickenpox.	Mark
<ul style="list-style-type: none"> • Drink plenty of fluid (try ice lollies if the child is not drinking) to avoid dehydration • Rest • Cut child's nails to prevent scratching the rash and causing secondary infection or scarring • Use antihistamine lotion to ease itching. Bathe in cool water and pat skin dry 	4

4

Identify three examples of symptoms that require emergency medical care.	Mark
<p>Any three from:</p> <ul style="list-style-type: none"> • Unresponsive • Breathing difficulties • Limp • High fever • Inability to tolerate light • Rash that doesn't fade when pressed with the side of a glass • Seizures/fitting • Vomiting and/or diarrhoea for longer than 12 hours 	3

4.2 How to meet the needs of an ill child

Recall activities

1

Draw a line to match the needs of sick children to their description	
Needs	Description of needs
Physical needs	These relate to the child's feelings
Social needs	These relate to the child's thought processes such as thinking skills, understanding, learning and knowledge
Emotional needs	These are related to the child's body.
Intellectual needs	These are related to a child's relationships with others.

2

Complete the tables with a list of as many ways as you can to meet the needs of an ill child.	
Ways of meeting intellectual needs	Ways of meeting social needs
<ul style="list-style-type: none"> • Explain the illness and treatment • Provide reassurance it will be over soon and explain how they are doing well • Explain any medication or treatment and why it is necessary • Do puzzles or quizzes, jigsaws • Read stories together • Colouring/drawing • Break up day with different activities • Board games/card games • Watch educational TV/videos/DVD 	<ul style="list-style-type: none"> • Have a conversation, talking about the illness – how soon they will feel better • Hug the child and reassure them they will be ok • Reading a story together • Play a board game together • Invite one or two friends to visit and chat • Watch a TV programme or film together • Using Skype, Facetime, video calls • Routines – have rest time/meal time/play time routine • Have visits from family members
Ways of meeting emotional needs	
<ul style="list-style-type: none"> • Be reassuring • Provide empathy, be sympathetic • Talking positively about the illness or medication • Explaining what is wrong in a way the child can understand • Show a lot of love and affection with hugs and cuddles • Encourage the child to talk about feelings • Make sure they have their comfort blanket or favourite toy • Pay them a lot of attention and keep them company 	

Short-answer exam-style practice questions

1

What does 'PIES' stand for?	Mark
P = Physical I = Intellectual E = Emotional S = Social	1

2

State three examples of meeting the emotional needs of an ill child.	Mark
<p>Any three from:</p> <ul style="list-style-type: none"> • Be reassuring • Provide empathy, be sympathetic • Talking positively about the illness or medication • Explaining what is wrong in a way the child can understand • Show a lot of love and affection with hugs and cuddles • Encourage the child to talk about feelings • Make sure they have their comfort blanket or favourite toy • Pay them a lot of attention and keep them company 	3

3

Identify three examples of meeting the intellectual needs of an ill child.	Mark
<p>Any three from:</p> <ul style="list-style-type: none"> • Explain the illness and treatment • Provide reassurance it will be over soon and explain how they are doing well • Explain any medication or treatment and why it is necessary • Do puzzles or quizzes, jigsaws • Read stories together • Colouring/drawing • Break up day with different activities • Board games/card games • Watch educational TV/videos/DVD together 	3

4

Identify two examples of how an ill child's social needs be met.	Mark
<p>Any two from:</p> <ul style="list-style-type: none"> • Reading a story together • Play a board game together • Have a conversation, talking about the illness – how soon they will feel better • Invite one or two friends to visit and chat or video call • Watch a TV programme or film together • Routines – have rest time/meal time/play time routine • Have visits from family members • Cuddle the child and reassure them they will be ok 	2

5

Identify four important physical needs of an ill child.	Mark
<p>Any four from:</p> <ul style="list-style-type: none"> • Ensure medication is taken as required because the correct medication aids recovery • Change dressings as required to improve comfort and to keep wounds clean • Plenty of fluids to drink, ensures the child is not dehydrated • Make sure the child gets enough sleep: it speeds recovery • Help if they need assistance, e.g., to sit up, to go to the toilet • Ensure room temperature is appropriate, not too hot or cold, provide blankets for warmth; the appropriate room temperature helps comfort levels and feeling of well-being 	4

6

Complete the table with the name of the correct illnesses listed below		Mark
Illness	Signs and symptoms	
tonsillitis	<ul style="list-style-type: none"> • Sore throat and pain when swallowing • High temperature of 38°C or above • Headache • Earache • back and limb pain 	4
meningitis	<ul style="list-style-type: none"> • Headache • Fever • Stiff neck and joint pains • Small red/purple spots that don't fade when pressed with the side of a glass • sensitive to light • has fits • very sleepy or difficult to wake 	
mumps	<ul style="list-style-type: none"> • swelling around jaw in front of ears • fever • eating and drinking is painful 	
measles	<ul style="list-style-type: none"> • high fever • white spots inside mouth, that is followed by blotchy rash on body • eye discharge 	

4.3 How to ensure a child-friendly safe environment

Recall activity

1 Check responses against information provided in the Exam Practice Workbook

2

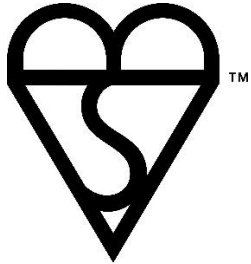


Complete the road safety guidance by filling in the missing words.


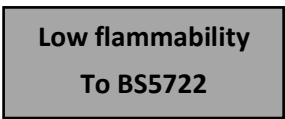
Children should always be under direct supervision when out walking on the pavement or crossing roads:

- Always cross on zebra crossing or find a **safe** place to cross.
- Always hold the child's **hand**.
- Children should be under the direct **supervision** of an adult whenever crossing a road.
- Teach the child the green cross code: stop, **look**, listen.
- Teach the child to always look **both** ways.
- Explain **dangers** to the child and tell them about the risks.
- Use reins.

3

Safety labels and their meanings.

Name	Label	Meaning
BSI kitemark		<ul style="list-style-type: none"> • The BSI Kitemark is a UK certification mark, administered by the British Standards Institution (BSI) as a symbol of safety and quality. • It is used to identify products where safety is highly important, such as bicycle helmets and give assurance that the product is safe and reliable.
Lion mark		<ul style="list-style-type: none"> • This was introduced by the British Toy and Hobby Association. • It is a recognisable consumer symbol denoting high standards of safety and quality.
UKCA		<ul style="list-style-type: none"> • The CE symbol is being phased out – to be replaced by the UKCA symbol. • It means the item has been safety tested and is the manufacturer's declaration that the item meets all toy safety requirements.

Age advice symbol		<ul style="list-style-type: none"> • This label identifies when toys or equipment are not suitable for children under the age of 36 months. It is • mainly displayed on toys that might not pass a 'choke' test, and • also used on toys and products that have small parts that could be removed and swallowed.
Children's nightwear labelling		<ul style="list-style-type: none"> • Children's nightwear must satisfy the flammability requirements specified in British Standard 5722. • Babies' garments and adults' nightwear must carry a permanent label showing whether or not they meet the Low Flammability Standard. This means the item is slow to burn.

Short-answer exam-style practice questions

1

State the definition of a hazard	Mark
A hazard is something that can be a possible source of harm.	1

2

Identify two hazards found in a bathroom. Describe how the two hazards could be prevented	Mark
Any two from: <ul style="list-style-type: none"> • cleaning materials • wet slippery floor • bath water too hot • unsupervised child • Accept other suitable hazards. 	2

3

Suggest two ways that stairs could be made safe.	Mark
Any two from: <ul style="list-style-type: none"> • do not leave items on the stairs – trip hazard • no loose carpets – trip hazard • supervise children if on the stairs • use stair gates Accept any other suitable hazards.	2

4

State three road safety rules that children should be taught.	Mark
<p>Any three from:</p> <ul style="list-style-type: none">• follow the Green Cross Code• always hold an adult's hand when crossing the road• look both ways• child should walk on the inside, the adult should walk on the road side of the pavement• always cross on a zebra crossing or find a safe place to cross• use reins on a younger child <p>Accept other suitable rules.</p>	3

5

Identify three ways that the 'age advice symbol' protects children.	Mark
<p>Any three from:</p> <p>The label identifies when toys or equipment are not suitable for children under the age of 36 months.</p> <p>It is displayed on toys that might not pass a 'choke' test for young children used on toys and products that have small parts that could be removed and swallowed by young children</p>	3

Long-answer exam-style practice questions

Refer to mark schemes included in the Exam Practice Workbook