



The Sutton Academy

# Knowledge Rich Curriculum Plan

Year 12 – Childcare

Unit 1: Child development from conception to seven years



Year 11 Childcare	Unit 1: Child development from conception to seven years			
Lesson/Learning Sequence	Intended Knowledge: <i>Students will know that...</i>	Tiered Vocabulary	Prior Knowledge: <i>In order to know these students, need to already know that...</i>	Assessment
<p><b>Lesson 1:</b> <b>Task 1 D1, Stages of development from conception to birth: Conception</b></p>	<ul style="list-style-type: none"> <li>• A gamete is a sex/reproductive cell</li> <li>• One type of gamete is a male sperm cell</li> <li>• The other gamete is Ova or ovum, a female egg cell</li> <li>• Zygote is a fertilised egg cell</li> <li>• Chromosome a structure found in most living cells, carrying genetic information in the form of genes, which is part of a person's DNA</li> <li>• There are two exceptions- sex cells each have 23 chromosomes of their own- gamete/sperm 23 and ova/egg 23)</li> <li>• When fertilisation occurs male and female sex cells join to form a new cell, called a zygote which then has a full 23 pairs</li> <li>• Uterus the organ in the lower body of a female where offspring are conceived and in which they develop before birth; the womb</li> <li>• Gestation the process of growing a baby in-between conception and birth</li> <li>• Blastocyst, a tiny ball of tissues and cells</li> <li>• Endometrium inner most lining of the uterus wall</li> <li>• Embryo an unborn offspring in the process of development, in particular a human offspring during the period from approximately the second to the eighth week</li> <li>• Pregnancy is counted from the first day of the mother's last period.</li> <li>• Pregnancy last 37 to 42 weeks (the average is 40 weeks gestation)</li> <li>• Pregnancy is divided into three periods of time called Trimesters</li> <li>• During the first Trimester - within 30 hours of fertilisation, the egg divides into two cells then four and so on.</li> <li>• After 5 days it has reached 16 cells and arrived in the uterus.</li> <li>• By 10 days the collection of cells is now called a blastocyst, a tiny ball of tissue and has embedded itself into the endometrium</li> <li>• At 3 weeks not, all of the cells will form into the embryo, some of the cells are starting to develop into the:</li> </ul>		<ul style="list-style-type: none"> <li>• <i>Conception happens when fertilisation occurs by a sperm cell fertilising an egg cell.</i></li> <li>• <i>DNA is the genetic makeup of a living organism</i></li> <li>• <i>Genes are part of a person's DNA</i></li> <li>• <i>Chromosome is a structure found in most living cells, carrying genetic information in the form of genes</i></li> <li>• <i>When fertilisation occurs male and female sex cells join to form a new cell</i></li> <li>• <i>Each cell in the human body contains 23 pairs of chromosomes- 46 in total</i></li> <li>• <i>Sperm cells contain X or Y chromosome</i></li> <li>• <i>Egg cells contain X chromosome only</i></li> <li>• <i>XX= girl and XY= boy</i></li> <li>• <i>Each chromosome contains thousands of genes, each one responsible for certain individual characteristics inherited from parents including eye and hair colour.</i></li> <li>• <i>Embryo is an unborn child in the process of development</i></li> <li>• <i>placenta a flattened circular organ in the uterus of pregnant mammals that gives oxygen and nourishment via the umbilical cord</i></li> <li>• <i>Umbilical cord a flexible cordlike structure containing blood vessels that attaches a human or other mammalian foetus to the placenta during gestation.</i></li> <li>• <i>Amniotic sac the fluid-filled sac that contains and protects a foetus in the womb.</i></li> <li>• <i>amniotic fluid mostly water for a protective cushion</i></li> </ul>	

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	<ul style="list-style-type: none"> <li>• 1. placenta to give oxygen and nourishment via the umbilical cord</li> <li>• 2. amniotic sac filled with amniotic fluid for a protective cushion</li> </ul>				
<b>Lesson 2:</b> <b>Task 1 D1, Stages of development from conception to birth: First Trimester</b>	<ul style="list-style-type: none"> <li>• Foetus is a young human or animal before it is born, especially a human more than eight weeks after fertilization</li> <li>• neural tube a hollow structure from which the brain and spinal cord form</li> <li>• 4 weeks: the more complicated growth begins, including the inner cell mass going onto form the embryo (called this up to 8 weeks after conception)</li> <li>• The embryonic cells are divided into three layers:</li> <li>• 1. The ectoderm- forms the outer layer of the baby, the skin, nails and hair and also folds inwards to form the nervous system (brain, spinal cord and nerves)</li> <li>• 2. The endoderm- forms all organs inside the embryo</li> <li>• 3. The mesoderm- develops into the heart, muscles, blood and bones.</li> <li>• The embryo is about the size of a poppy seed and is now surrounded by the amniotic sac. The placenta is still developing.</li> <li>• 5 weeks: the embryo looks more like a tadpole.</li> <li>• The heart is one of the first organs to form and start working. It will start to beat around now.</li> <li>• The neural tube which connects the baby's spinal cord to the brain, has formed and begins to close at each end.</li> <li>• Other organs and tissues are also in the early stages of development.</li> <li>• 6 weeks: the embryo is about the size of a lentil.</li> <li>• The facial features are already starting to form. There are dark spots where the eyes will form and tiny depressions where her ears and nostrils will grow.</li> <li>• Buds are swelling where the arms will grow, soon followed by those for the legs.</li> <li>• The embryo's heart is beating at about 100 beats a minute.</li> </ul>		<ul style="list-style-type: none"> <li>• <i>An unborn child develops in the womb of the mother, they will know terms like embryo and foetus but not when they are biologically correct.</i></li> <li>• <i>Tailbone/ coccyx - a small triangular bone at the base of the spinal column in humans and some apes</i></li> <li>• <i>Palate - the roof of the mouth, separating the cavities of the mouth and nose</i></li> <li>• <i>Diaphragm- a dome-shaped muscular partition that plays a major role in breathing, as it contracts, the lungs inflate</i></li> <li>• <i>a dome-shaped muscular partition that plays a major role in breathing, as it contracts, the lungs inflate</i></li> <li>• <i>cartilage- a firm and rubbery tissue</i></li> </ul>		

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	<ul style="list-style-type: none"> <li>• 7 weeks: The embryo and has a small tail that will become smaller and disappear in the next few weeks. The rest of his body is growing and developing every day.</li> <li>• The brain is becoming more complex, and facial features are starting to take shape.</li> <li>• The arms are lengthening, and nerves are spreading down to the paddle-shaped hands.</li> <li>• The eyes are still in the early stage of development, but already translucent folds are beginning to form tiny eyelids.</li> <li>• 8 weeks: The embryo is about the size of a kidney bean and at a critical period in its development.</li> <li>• The brain continues to become more complex as nerves branch out and connect to each other. The head is larger than the body and bent over the chest.</li> <li>• The facial features are becoming more recognisable including a more defined upper jaw, ears, nose and eyelid folds.</li> <li>• Ridges are developing where the fingers will be. Legs are forming and the shape of the feet is starting to show.</li> <li>• The embryonic tail is almost gone, and will eventually be replaced by the tailbone/coccyx</li> <li>• 9 weeks: The baby is now called a foetus and is starting to look more human. It weighs just 2g.</li> <li>• All body parts are now present, including his arms, legs, eyes, genitals and other organs, though they're not yet fully formed.</li> <li>• The arms and legs are lengthening and the fingers and toes are becoming more distinct.</li> <li>• The placenta is almost fully functioning, absorbing nutrients and oxygen from the mother's blood, and delivering them to the foetus.</li> <li>• 9 weeks: The baby is now called a foetus and is starting to look more human. It weighs just 2g.</li> <li>• All body parts are now present, including his arms, legs, eyes, genitals and other organs, though they're not yet fully formed.</li> <li>• The arms and legs are lengthening and the fingers and toes are becoming more distinct.</li> </ul>			

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	<ul style="list-style-type: none"> <li>• The placenta is almost fully functioning, absorbing nutrients and oxygen from the mother’s blood, and delivering them to the foetus.</li> <li>• 10 weeks- the baby is now the size of a large green olive, about 3.1cm and weighs 4g.</li> <li>• The heart is now fully developed and beats about 180 times a minute.</li> <li>• The fingers and toes are no longer webbed, and the hands meet over the heart.</li> <li>• The legs can rotate at the hip joint, and the arms can move at the shoulder. They are testing this new flexibility by instinctively kicking and moving their limbs and reaching up to touch their face.</li> <li>• The head is more rounded and upright and the eyes are fused shut, for now. They will open later in pregnancy.</li> <li>• The yolk sac, which provided the baby with nutrients before the placenta developed, will soon shrink.</li> <li>• 11 weeks- the baby is still smaller than your thumb, around the size of a fig, 4.1cm.</li> <li>• The baby's face looks more human, as the features take shape and the mouth becomes almost fully formed.</li> <li>• Inside the mouth, the bones of the palate are fusing and milk teeth are bedding into their sockets.</li> <li>• The fingers may even be growing tiny nails.</li> <li>• They may have started hiccupping now that the diaphragm is stronger.</li> <li>• The critical development is almost complete.</li> <li>• Over the next six months they will grow larger and stronger, getting ready for life outside the womb (uterus).</li> <li>• 12 weeks- The baby is about 5.4cm, the size of a lime and weighs 14g.</li> <li>• The skeleton is currently made from cartilage, but from this week, the cartilage will slowly harden into bone.</li> <li>• The facial features are starting to look more human. Though the eyes are still wide-set and the ears low on the head, the earlobes are taking shape.</li> <li>• The baby is gaining some of the skills they'll need after birth; they can close their tiny fingers to make a fist now.</li> </ul>			

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	<ul style="list-style-type: none"> <li>• Little lobes are taking shape on the bottom of the ears.</li> <li>• The eyes, which started out on the sides of the head, are starting to move closer together.</li> <li>• The baby's reflexes are becoming more honed, although the baby is active, and getting stronger every day, mum won't be able to feel them move for a few weeks yet.</li> <li>• This is the last week of the 1st trimester</li> </ul>			
<b>Lesson 3-4:</b> <b>Task 1 D1 Task</b> <b>completion- describe</b> <b>stages of development:</b> <b>Conception and First</b> <b>Trimester</b>	<ul style="list-style-type: none"> <li>• The expectations of the coursework and level of detail required.</li> <li>• How to set up their coursework to be in line with administration rules.</li> </ul>		<ul style="list-style-type: none"> <li>• <i>Describe- Give a detailed account in words</i></li> <li>• <i>Description- A complete written account</i></li> <li>• <i>Identify- Indicate or point out</i></li> <li>• <i>Bibliography- A list of resources used during research</i></li> <li>• <i>How conception occurs</i></li> <li>• <i>How an embryo/foetus develops up 12 weeks</i></li> </ul>	
<b>Lesson 5-7:</b> <b>Task 1 D1- describe stages</b> <b>of development: Second</b> <b>Trimester</b>	<ul style="list-style-type: none"> <li>• 13 weeks: All major organs are formed now, but they are too immature for the foetus to survive out of the womb.</li> <li>• Physiological gut should be complete by this time</li> <li>• The foetal bladder can be consistently seen using ultrasound after 13 weeks</li> <li>• 14 weeks: The foetus's toenails are appearing. The sex may sometimes be seen</li> <li>• The average foetus at 14 weeks is 3.1 inches (7.9 cm) long and weighs 3.3 ounces (93 grams).</li> <li>• They can make different facial expressions</li> <li>• 15 weeks: Foetal movement may be sensed now (called quickening). Some mothers don't feel the foetus moving until about 25 weeks.</li> <li>• The average foetus at 15 weeks is 6.4 inches (16.4 cm) long and weighs 4.1 ounces (117 grams).</li> <li>• They can sense light</li> <li>• Taste buds are forming</li> <li>• 16 weeks: Hearing is beginning to form</li> <li>• The more complicated lung development has started and will continue until 25 weeks</li> <li>• 17 weeks: The glandular stage of lung development ends at about 17 weeks.</li> </ul>		<ul style="list-style-type: none"> <li>• <i>Students need to already know that babies develop in the womb, they will know some of those developments but not exactly when they take place.</i></li> </ul>	

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	<ul style="list-style-type: none"> <li>• There are still no alveoli (the air sacs in the lungs where the exchange of oxygen and carbon dioxide occurs), so respiration is not possible currently</li> <li>• The skeleton is changing from cartilage to bone.</li> <li>• Umbilical cord is growing stronger and thicker.</li> <li>• 18 weeks: The ears are standing out, and the foetus is beginning to respond to sound.</li> <li>• The average 18-week foetus is 8.6 inches (22 cm) long and weighs 7.9 ounces (223 grams).</li> <li>• Sections of the brain can be demonstrated to be fully formed on ultrasound</li> <li>• The genitals are developed enough to be seen on an ultrasound.</li> <li>• 19 weeks: The ears, nose and lips are now recognisable.</li> <li>• The average foetus at 19 weeks is 9.3 inches (23.7 cm) long and weighs 9.6 ounces (273 grams).</li> <li>• Can hear sounds much better.</li> <li>• 20 weeks: The halfway mark</li> <li>• The foetus is covered in fine hair (called lanugo), has some scalp hair.</li> <li>• Can produce two types of antibodies</li> <li>• The average foetus at 20 weeks is 9.9 inches (25.5 cm) long and weighs 11.7 ounces (331 grams).</li> <li>• The sex of the baby can be more precisely noted at this stage.</li> <li>• 21 weeks: The foetus is now able to suck and grasp, and may have bouts of hiccups.</li> <li>• Eyebrows will be full</li> <li>• Kicks should be felt</li> <li>• Some women may begin feeling Braxton Hicks contractions at this time.</li> <li>• The average foetus at 21 weeks is 10.6 inches (27.2 cm) long and weighs 14.1 ounces (399 grams).</li> <li>• 22 weeks: The average foetus at 22 weeks is 11.2 inches (28.8 cm) long and weighs 1.1 pound (478 grams).</li> <li>• Survival out of the womb at this age would be expected to be ~9%.</li> </ul>				

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	<ul style="list-style-type: none"> <li>• Survival without any major morbidity surviving to discharge would be expected to be 0%</li> <li>• 23 weeks: The foetus is having rapid eye movements during sleep.</li> <li>• The average foetus at 23 weeks is 11.9 inches (30.4 cm) long and weighs 1.2 pounds (568 grams).</li> <li>• Survival out of the womb at this age would be expected to be ~33%.</li> <li>• Survival without any major morbidity surviving to discharge would be expected to be ~2%</li> <li>• 24 weeks: The average foetus at 24 weeks is 12.5 inches (32 cm) long and weighs 1.5 pounds (670 grams).</li> <li>• The sacular stage of lung development has started</li> <li>• Survival out of the womb at this age would be expected to be ~65%.</li> <li>• Survival without any major morbidity surviving to discharge would be expected to be ~ 9%</li> <li>• 25 weeks: The average foetus at 25 weeks is 13.1 inches (33.6 cm) long and weighs 1.7 pounds (785 grams).</li> <li>• Respiration is possible towards the end of this period</li> <li>• More baby fat is grown and more body hair</li> <li>• Survival out of the womb at this age would be expected to be ~81%.</li> <li>• Survival without any major morbidity surviving to discharge would be expected to be ~ 25%</li> <li>• 26 weeks: The foetus can respond to sounds that occur in the mother's surroundings. Its eyelids can open and close</li> <li>• The average foetus at 26 weeks is 13.7 inches (35.1 cm) long and weighs 2 pounds (913 grams).</li> <li>• Inhaling and exhaling small amounts of amniotic fluid, good practise for breathing</li> <li>• Survival out of the womb at this age would be expected to be ~87%.</li> <li>• Survival without any major morbidity surviving to discharge would be expected to be ~ 29%</li> <li>• 27 weeks: The average foetus at 27 weeks is 14.2 inches (36.5 cm) long and weighs 2.3 pounds (1055 grams).</li> <li>• Opening and closing eyes</li> </ul>			



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	<ul style="list-style-type: none"> <li>• Sucking fingers</li> <li>• Hiccupping</li> <li>• Survival out of the womb at this age would be expected to be ~94%.</li> <li>• Survival without any major morbidity surviving to discharge would be expected to be ~ 50%</li> </ul>			
<p><b>Lesson 8-9:</b> <b>Task 1 D1- describe stages of development: Third Trimester</b></p>	<ul style="list-style-type: none"> <li>• Stimulus means something that produces a reaction</li> <li>• Descend means travel downwards</li> <li>• Crown means top of the head</li> <li>• Tump means the part of your body that your sit on, your backside.</li> <li>• Week 28: Baby's eyes partially open</li> <li>• Twenty-eight weeks into your pregnancy, or 26 weeks after conception, your baby's eyelids can partially open and eyelashes have formed. The central nervous system can direct rhythmic breathing movements and control body temperature.</li> <li>• By now your baby might be nearly 10 inches (250 millimetres) long from crown to rump and weigh nearly 2 1/4 pounds (1,000 grams).</li> <li>• Week 29: Baby kicks and stretches</li> <li>• Twenty-nine weeks into your pregnancy, or 27 weeks after conception, your baby can kick, stretch and make grasping movements.</li> <li>• Week 30: Baby's hair grows</li> <li>• Thirty weeks into your pregnancy, or 28 weeks after conception, your baby's eyes can open wide. Your baby might have a good head of hair by this week. Red blood cells are forming in your baby's bone marrow.</li> <li>• By now your baby might be more than 10 1/2 inches (270 millimetres) long from crown to rump and weigh nearly 3 pounds (1,300 grams).</li> <li>• Week 31: Baby's rapid weight gain begins</li> <li>• Thirty-one weeks into your pregnancy, or 29 weeks after conception, your baby has finished most of his or her major development. Now it's time to gain weight — quickly.</li> <li>• Week 32: Baby practices breathing</li> </ul>		<ul style="list-style-type: none"> <li>• <i>Students need to already know that the third trimester is the final trimester and the baby will be born by 40 weeks</i></li> </ul>	

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	<ul style="list-style-type: none"> <li>• Thirty-two weeks into your pregnancy, or 30 weeks after conception, your baby's toenails are visible.</li> <li>• The layer of soft, downy hair that has covered your baby's skin for the past few months (lanugo) starts to fall off this week.</li> <li>• By now your baby might be 11 inches (280 millimetres) long from crown to rump and weigh 3 3/4 pounds (1,700 grams).</li> <li>• Week 33: Baby detects light</li> <li>• Thirty-three weeks into your pregnancy, or 31 weeks after conception, your baby's pupils can change size in response to a stimulus caused by light. His or her bones are hardening. However, the skull remains soft and flexible.</li> <li>• Week 34: Baby's fingernails grow</li> <li>• Thirty-four weeks into your pregnancy, or 32 weeks after conception, your baby's fingernails have reached his or her fingertips.</li> <li>• By now your baby might be nearly 12 inches (300 millimetres) long from crown to rump and weigh more than 4 1/2 pounds (2,100 grams).</li> <li>• Week 35: Baby's skin is smooth</li> <li>• Thirty-five weeks into your pregnancy, or 33 weeks after conception, your baby's skin is becoming smooth. His or her limbs have a chubby appearance.</li> <li>• Week 36: Baby takes up most of the amniotic sac</li> <li>• Thirty-six weeks into your pregnancy, or 34 weeks after conception, the crowded conditions inside your uterus might make it harder for your baby to give you a punch. However, you'll probably still feel lots of stretches, rolls and wiggles.</li> <li>• Week 37: Baby might turn head down</li> <li>• Thirty-seven weeks into your pregnancy, or 35 weeks after conception, your baby has a firm grasp.</li> <li>• To prepare for birth, your baby's head might start descending into your pelvis. If your baby isn't head down, your health care provider will talk to you about ways to deal with this issue.</li> <li>• Week 38: Baby's toenails grow</li> </ul>			

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	<ul style="list-style-type: none"> <li>• Thirty-eight weeks into your pregnancy, or 36 weeks after conception, the circumference of your baby's head and abdomen are about the same.</li> <li>• Your baby's toenails have reached the tips of his or her toes. Your baby has mostly shed all of his or her lanugo.</li> <li>• By now your baby might weigh about 6 1/2 pounds (2,900 grams).</li> <li>• Week 39: Baby's chest is prominent</li> <li>• Thirty-nine weeks into your pregnancy, or 37 weeks after conception, your baby's chest is becoming more prominent. For boys, the testes continue to descend into the scrotum. Fat is being added all over your baby's body to keep him or her warm after birth.</li> <li>• Week 40: Your due date arrives</li> <li>• Forty weeks into your pregnancy, or 38 weeks after conception, your baby might have a crown-to-rump length of around 14 inches (360 millimetres) and weigh 7 1/2 pounds (3,400 grams). Remember, however, that healthy babies come in different sizes.</li> <li>• Don't be alarmed if your due date comes and goes with no signs of labour starting. Your due date is simply a calculated estimate of when your pregnancy will be 40 weeks. It does not estimate when your baby will arrive. It's normal to give birth before or after your due date</li> </ul>			
<b>Lesson 10:</b> <b>Task 1 C1 Routine Checks- Antenatal</b>	<ul style="list-style-type: none"> <li>• Routine means the normal order and way in which things are regularly done.</li> <li>• Anomaly means something that is different from what is normal or expected.</li> <li>• Antenatal means the care given by medical professionals to pregnant women to protect both mother and baby.</li> <li>• Postnatal is the period of time after the birth of a child</li> <li>• Obstetrician is a doctor who specialises in pregnancy, childbirth and a woman's reproductive system</li> <li>• Woman usually does home pregnancy kit</li> <li>• If it indicates she is pregnant then goes to her GP – does general routine checks; urines sample (test iron/protein levels) menstrual cycle, date of last period, any previous pregnancies, medical history, family history etc.</li> </ul>		<ul style="list-style-type: none"> <li>• <i>What a home pregnancy kit involves.</i></li> <li>• <i>What an ultrasound is.</i></li> <li>• <i>A midwife supports a pregnant mother.</i></li> </ul>	

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	<ul style="list-style-type: none"> <li>• Medical examination – listening to heart/lungs, rhesus, sickle cell disease, HIV etc</li> <li>• Women offered ultrasound around 10-13 weeks to estimate when the baby is due EDD and how many babies there are e.g. twins/identical</li> <li>• Antenatal notes – these are a record of appointments and usually the woman's responsibility – needs to bring them to every appointment and in 3rd trimester keep them with her in case of emergency.</li> <li>• Weight gain – measuring throughout</li> <li>• Foetal heart – ear trumpet/electronic equipment</li> <li>• Fundal height – size of uterus – feeling bump and checking size EDD on chart</li> <li>• Blood pressure – rise in blood pressure could mean pre-eclampsia</li> <li>• Oedema – swelling in ankles/fingers – early warning of pre-eclampsia</li> <li>• Urine test – sample urine for glucose/protein etc</li> <li>• Ultrasounds are performed by sonographers</li> <li>• CVS (Chronic Villus Sampling)</li> <li>• Blood screening and Nuchal fold translucency test- usually offered at the dating scan and called the combined test</li> <li>• Quadruple blood screening test only screens for Down's syndrome and is not as accurate as the combined test.</li> <li>• Alpha-fetoprotein test (AFP) is a blood test that measures the amount alpha-fetoprotein of blood in woman's blood. Low levels means increase chance of Down's syndrome, high more than one baby/spina bifida.</li> </ul>			
<b>Lesson 11:</b> <b>Task 1 C1 Routine Checks- Postnatal</b>	<ul style="list-style-type: none"> <li>• Postpartum means connected with the period after the birth of a child.</li> <li>• The Apgar score (T3) is a simple assessment telling medical staff about the baby's general condition based on observations in the first moments of life. This test is done to check whether baby needs help breathing or is having heart problems.</li> <li>• Skin to skin contact (T3) for mother and baby- before cord is cut, partner also offered after- why skin to skin? Link to baby blues/depression/bonding/attachment</li> </ul>		<ul style="list-style-type: none"> <li>• <i>What skin to skin contact is.</i></li> <li>• <i>What postnatal depression is.</i></li> <li>• <i>That babies and mothers have checks during and after birth.</i></li> </ul>	

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	<ul style="list-style-type: none"> <li>• When the cord is clamped, baby is dried and then covered with a towel to stop them getting cold.</li> <li>• Other checks assessments for baby:</li> <li>• Observations of limbs and head</li> <li>• Skin</li> <li>• Eyes</li> <li>• Umbilical cord</li> <li>• Weight, length, head circumference.</li> <li>• Midwife (T3): a person, usually a woman, who is trained to help women give birth to babies.</li> <li>• Misconceptions- Midwife is primarily for the health of the baby, midwives are always women.</li> <li>• Routine checks/assessments for mother:</li> <li>• Will assess the mother before she leaves hospital for the 'baby blues' (T3)- a depressed feeling that some women get after the birth of a baby, and also check for any pain or fatigue.</li> <li>• Depends on the needs of the mother- usually up to 10 days in their care but can be up to 28 days</li> <li>• Will also support with advice and checks:</li> <li>• Check that stitches are dissolved</li> <li>• Uterus returning to pre-pregnancy size</li> <li>• Blood pressure</li> <li>• Look for signs of postnatal depression (T3)-a medical condition in which a woman feels very sad and anxious in the period after her baby is born</li> <li>• Support feeding</li> <li>• Routine checks/assessments for baby:</li> <li>• Every baby is offered new-born blood spot screening, also known as the heel prick test, ideally when they're 5 days old, but can be up to 8 days old</li> <li>• A blood sample taken from baby's heel to collect 4 drops of blood on a special card</li> <li>• To find out if baby has 1 of 9 rare but serious health conditions Inc. sickle cell disease, cystic fibrosis and phenylketonuria (PKU)</li> <li>• Routine checks/assessments for baby:</li> </ul>			

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	<ul style="list-style-type: none"> <li>• Baby will be examined by a midwife or paediatrician, then weighed and possibly measured, and given a band with mother's name on.</li> <li>• Vitamin K for new-born babies</li> <li>• Mother will be offered an injection of vitamin K for the baby. This helps prevent a rare bleeding disorder called haemorrhagic disease (T3) of the new-born- a bleeding problem that occurs in a baby during the first few days of life. Babies are normally born with low levels of vitamin K, an essential factor in blood clotting.</li> <li>• Before baby goes home the paediatrician will check for:</li> <li>• Jaundice, thrush, nappy rash, that baby has passed meconium (T3) and is not constipated or has diarrhoea. Meconium is the first faeces, or stool, of the new-born.</li> <li>• After ten days the baby will be discharged from the midwife's care to that of the:</li> <li>• Health visitor (T3) specialist community public health nurses, registered midwives or nurses.</li> </ul>			
<p><b>Lesson 12-14:</b> <b>Task 1 C1 Routine Checks- Postnatal and First Year of Life</b></p>	<ul style="list-style-type: none"> <li>• The GP will see the mother six weeks after the baby's birth to check:</li> <li>• Weight- reducing at a healthy pace, no huge changes whether higher or lower</li> <li>• urine testing- for glucose/protein etc</li> <li>• blood pressure- to see if a healthy range</li> <li>• breast check- for concerning changes in texture, shape, colour, size.</li> <li>• The GP will see the mother six weeks after the baby's birth to check:</li> <li>• Perineum (T3) - the area between the anus and the vulva. Checking that it has healed.</li> <li>• If required- support with contraception or sex concerns</li> <li>• how mum is feeling.</li> <li>• At 6 weeks the GP will see the baby at the same time as the mother to do a thorough examination:</li> <li>• Barlow's test – repeated check for congenital dislocation of the hips.</li> <li>• Heart listened to</li> <li>• Weight</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Students need to already know that babies and children get vaccinations.</i></li> <li>• <i>There are further medical examinations for mothers and babies after birth</i></li> <li>• <i>Students will have some knowledge of illnesses children and babies get.</i></li> </ul>	

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	<ul style="list-style-type: none"> <li>• Length</li> <li>• General behaviour</li> <li>• Ask mum of any concerns</li> <li>• PCHR- Personal Child Health Record- all babies in England will be given one. Often referred to as 'the red book'.</li> <li>• Students will know how to plot and track on a centile chart.</li> <li>• All children are offered immunisation to prevent childhood infections and the contraction of serious diseases.</li> <li>• There is a routine schedule that is followed for all children, as well as a schedule for those more at risk</li> <li>• These immunisations start from 2 months old and go up until a child is 3 years and 4 months old.</li> <li>• 6-in-1 vaccine:</li> <li>• The 6-in-1 vaccine is given to babies when they're 8, 12 and 16 weeks old.</li> <li>• They need 3 doses to make sure they develop strong immunity to the conditions the vaccine protects against.</li> <li>• Every time another dose of the vaccine is given, your baby's immune response increases.</li> <li>• Injected into baby's thigh.</li> <li>• It works well, it produces very good immunity to diphtheria, tetanus, whooping cough, Hib, polio and hepatitis B infections.</li> <li>• It is very safe. It's killed (inactivated), which means it does not contain any live organisms, so there's no risk of your baby getting the conditions from the vaccine.</li> <li>• The 6-in-1 vaccine has few side effects.</li> <li>• MenB vaccine:will protect baby against infection by meningococcal group B bacteria.</li> <li>• These bacteria are responsible for about 9 in every 10 meningococcal infections in young children.</li> <li>• Meningococcal infections can be very serious, causing meningitis and sepsis.</li> <li>• The MenB vaccine is offered to babies at: 8 weeks, 16 weeks and 1 year</li> <li>• Given as a single injection into your baby's thigh.</li> </ul>			

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	<ul style="list-style-type: none"> <li>• Like all vaccines, the MenB vaccine can cause side effects, but studies suggest they're generally mild and do not last long.</li> <li>• Rotavirus vaccine:</li> <li>• An oral vaccine against rotavirus infection</li> <li>• The vaccine is given as 2 doses, 4 weeks apart. Usually the first dose is given at 8 weeks, and the second dose at 12 weeks.</li> <li>• The vaccine is given as a liquid straight into the baby's mouth for them to swallow.</li> <li>• Rotavirus is a highly infectious stomach bug that typically affects babies and young children, causing diarrhoea and vomiting, tummy ache and a high temperature.</li> <li>• The vaccine contains a weakened version of rotavirus.</li> <li>• This helps your baby build up immunity, so that the next time they come into contact with rotavirus they will not get the infection.</li> <li>• The rotavirus vaccine is very effective and gives good protection against rotavirus infection.</li> <li>• Pneumococcal vaccine:</li> <li>• protects against serious and potentially fatal pneumococcal infections. It's also known as the pneumonia vaccine</li> <li>• Injected into baby's thigh.</li> <li>• Pneumococcal infections can lead to pneumonia, blood poisoning (sepsis) and meningitis.</li> <li>• The vaccine encourages your body to produce antibodies against pneumococcal bacteria.</li> <li>• Children respond very well to the pneumococcal vaccine.</li> <li>• The Hib/MenC vaccine:</li> <li>• A single injection in the thigh or arm given to 1-year-old babies to boost their protection against Haemophilus influenzae type b (Hib) and meningitis C.</li> <li>• Hib and meningitis C infections are serious and potentially fatal. They can both cause meningitis and blood poisoning (sepsis).</li> <li>• boosts the protection baby has already gained from their 1st course of Hib vaccine, which they received in the 6-in-1 vaccine at 8, 12 and 16 weeks old.</li> </ul>			



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	<ul style="list-style-type: none"> <li>• begins their protection against meningitis C.</li> <li>• The MenC vaccine is very safe.</li> <li>• It's inactivated, which means it does not contain any live organisms, so there's no risk of your baby catching the infections it protects against.</li> <li>• The vaccine also has few side effects.</li> <li>• MMR vaccine:</li> <li>• A safe and effective combined vaccine that protects against 3 serious illnesses:</li> <li>• measles</li> <li>• mumps</li> <li>• rubella (German measles)</li> <li>• These highly infectious conditions can easily spread between unvaccinated people.</li> <li>• Getting vaccinated is important, as these conditions can also lead to serious problems including meningitis, hearing loss and problems during pregnancy.</li> <li>• 2 doses of the MMR vaccine provide the best protection against measles, mumps and rubella- the second dose is at 3 years and 4 months.</li> <li>• Explain: when, what, why for mum and baby.</li> </ul>			
<p><b>Lesson 15:</b> <b>Task 1 D2 Factors that may impact upon the development of the baby during: pre-conception</b></p>	<ul style="list-style-type: none"> <li>• Lifestyle is the way in which a person lives, how they spend their time, their hobbies and activities</li> <li>• Health and Wellbeing is a person's health including:</li> <li>• Physical</li> <li>• Emotional</li> <li>• Cognitive</li> <li>• Social</li> <li>• Fertility is the ability to conceive a baby</li> <li>• Factors that impact development can be positive and negative</li> <li>• Alcohol:</li> <li>• Drinking more than 5 units of alcohol a week may reduce female fertility</li> <li>• The Royal College of Obstetricians and Gynaecologists and the Department of Health recommend that women trying to get pregnant should avoid alcohol because there is no 'safe' limit.</li> </ul>		<ul style="list-style-type: none"> <li>• <i>That factors have negative effects on babies and mothers</i></li> </ul>	

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	<ul style="list-style-type: none"> <li>• In men, excessive alcohol may lead to difficulties maintaining an erection, impaired ejaculation and reduced sperm quality.</li> <li>• Drugs- medical and recreational:</li> <li>• Non-steroidal anti-inflammatory drugs such as ibuprofen can interfere with ovulation.</li> <li>• Aspirin may interfere with implantation.</li> <li>• Recreational drugs such as marijuana and cocaine may interfere with ovulation and/or the function of the fallopian tube.</li> <li>• The fallopian tube is important for transporting the egg from the ovary where it is released, to the womb (uterus).</li> <li>• Anabolic steroids inhibit the production of sperm and this may be permanent even if the drug is stopped.</li> <li>• Smoking:</li> <li>• Women who smoke are 3 times more likely to experience a delay in getting pregnant than non-smokers.</li> <li>• Passive smoking can be harmful.</li> <li>• Smoking reduces a woman's ovarian reserve (so her ovaries will have fewer eggs in them than a woman of the same age who does not smoke) and damages the cilia inside the fallopian tube (which are important for transporting the egg and/or embryo along the fallopian tube into the uterus).</li> <li>• In men, smoking may reduce sperm quantity and quality.</li> <li>• Diet:</li> <li>• Eating a wide variety of healthy foods is advised when trying to conceive.</li> <li>• Eating foods, including fruits and vegetables, with antioxidant properties, are likely to be beneficial for protecting against oxidative stress, something which can be harmful to both eggs and sperm.</li> <li>• Be mindful when consuming junk food, it should ideally be avoided. Switching from trans fats (e.g. margarine and hydrogenated vegetable oils) for unsaturated fats (e.g. oily fish and nuts) is also advised.</li> <li>• A poor diet can play havoc with hormones, which in turn, can lead to ovulatory issues.</li> </ul>			

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	<ul style="list-style-type: none"> <li>• Weight- BMI</li> <li>• Overweight women who have irregular periods are less likely to release an egg each month (ovulate) than women with regular periods.</li> <li>• The chances of getting pregnant are reduced.</li> <li>• Losing weight, even as little as 5-10% of the total body weight, may restore a regular menstrual cycle.</li> <li>• Women who are overweight take longer to get pregnant than women who are not, even if their periods are regular.</li> <li>• Losing weight has been shown to improve fertility and increase the chance of getting pregnant.</li> <li>• Men who are overweight may have suboptimal sperm and therefore reduced fertility.</li> <li>• Underweight women can also have fertility issues as it may mean that an egg is not released each month.</li> <li>• Gaining weight is likely to improve fertility.</li> <li>• Age:</li> <li>• Female age is the most important factor affecting fertility.</li> <li>• Women are born with all the eggs they will ever have and the number of eggs available decreases each day from birth onwards.</li> <li>• In young women the decline is fairly gradual (only a few eggs are 'lost' each day), but mid to late 30s, the decrease gets much steeper (many more eggs are 'lost' each day).</li> <li>• The quality of the eggs also declines as women get older.</li> <li>• This reduction in both the quantity and quality of available eggs means that older women are less likely to get pregnant and, if they do get pregnant, they are more likely to have a miscarriage.</li> <li>• Male fertility may also decrease with age although to a much lesser degree.</li> </ul>				
<b>Lesson 16:</b> <b>Task 1 D2 Factors that may impact upon the development of the baby during: each stage of pregnancy</b>	<ul style="list-style-type: none"> <li>• 1st trimester:</li> <li>• Lifestyle:</li> <li>• Diet: positive- pre-packed foods and those which carry risk of salmonella or listeria (soft and blue cheeses, raw meat) due to illness of mother and possible complications, even miscarriage.</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Factors can have negative effects on unborn babies.</i></li> <li>• <i>Diet is extremely important for pregnancy, particularly healthy food</i></li> </ul>		

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	<p>Negative- folic acid rich diet (greens like broccoli, nuts, wholegrain)/ tablets helps develop a healthy brain and spinal cord, prevents spina bifida</p> <ul style="list-style-type: none"> <li>• Well-being:</li> <li>• Age: Young mothers- higher risk of a smaller baby who will possibly be premature and have developmental difficulties, mum might become anaemic and suffer with high blood pressure. Less risk of having a baby with chromosomal abnormalities.</li> <li>older mothers- those over 35 have an increased risk of having a baby with a chromosomal abnormality e.g. Down's Syndrome. The risk becomes higher the older the mother is.</li> </ul>				
<p><b>Lesson 17:</b> <b>Task 1 D2 Factors that may impact upon the development of the baby during: first year of life</b></p>	<ul style="list-style-type: none"> <li>• Expulsion means pushed out</li> <li>• Elective means chosen</li> <li>• Induction means artificially started labour</li> <li>• Pessary means a small piece of solid medicine that is placed inside a woman's vagina and left to dissolve</li> <li>• Perineum means the area between the anus and vagina</li> <li>• Episiotomy is a cut made to the perineum to allow a baby to pass easily through the vagina</li> <li>• Jaundice is a medical condition when the skin and the white of the eyes become yellow, caused by disease of the liver or blood</li> <li>• Neonatal is the care for a baby that has just been born</li> <li>• Labour has three stages. Each stage is important, and if they are not carried out correctly, it can affect the baby's development.</li> <li>• 1st stage- cervix opening to 10cm dilated</li> <li>• 2nd stage- baby moves down through the vagina and is born</li> <li>• 3rd stage- The expulsion of the placenta usually follows within 30 minutes of delivery</li> <li>• Abnormal labour:</li> <li>• Abnormal labour can be traumatic for mum and baby, can impact on bonding once born. Q-how can that impact on P/E/S development?</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Many issues can happen during pregnancy and the first year of life.</i></li> <li>• <i>Premature babies could be ill and need further medical support.</i></li> </ul>		

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	<ul style="list-style-type: none"> <li>• Original birth plans may not work out due to complications that arise, this can be traumatic for mum.</li> <li>• Pre-birth/labour- Foetal monitoring and foetal distress</li> <li>• Foetal distress can include a lack of oxygen to baby's brain, midwives and doctors look for the signs so that they can intervene and accelerate the birth.</li> <li>• Induction is when labour is started artificially. Usually for when baby is overdue or there is a risk to mum and or baby e.g. high blood pressure, baby not growing</li> <li>• It is usually pre-planned, a pessary or gel is placed in the vagina which softens the cervix and allows it to start opening.</li> <li>• Can take 24 hours to work, might need another one if not working, if it does not work, other options are discussed</li> <li>• It is more painful than labour that starts naturally, on its own.</li> <li>• Episiotomy is a cut that is made between the anus and vagina (perineum) to support with complicated births and allows the baby to pass through the vagina more easily</li> <li>• Natural tearing of this area may happen, episiotomy can help prevent severe tears and speeds up delivery.</li> <li>• Dissolvable stitches will be required, painful for mum, needs recovery time and will need stitches to be removed when healed.</li> <li>• Forceps are tongs used during the second stage of labour, to help deliver the head if:               <ul style="list-style-type: none"> <li>• 1 breech delivery</li> <li>• 2 mum has a health condition where she must not over exert e.g. high blood pressure</li> <li>• 3 labour is prolonged and signs of foetal distress</li> <li>• 4 baby is very small or preterm</li> </ul> </li> <li>• Can cause damage to baby's head but not always, can leave:               <ul style="list-style-type: none"> <li>• Marks on baby's face that disappear within 48 hours</li> <li>• Small cuts on baby's face and scalp that should disappear and heal with time</li> </ul> </li> </ul>			

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	<ul style="list-style-type: none"> <li>• Vacuum (sometimes called ventouse) is when a gentle suction is applied to via a rubber cup placed on baby's head.</li> <li>• Alternative to forceps but can be used before the cervix is fully dilated</li> <li>• Pain in perineum, can cause tears, short term difficulty when urinating</li> <li>• Less likely to cause damage to baby's head but can leave:               <ul style="list-style-type: none"> <li>• A small suction mark that disappears within 48 hours</li> <li>• A bruise that should disappear with time</li> </ul> </li> <li>• Caesarean (often called a c-section) a major surgical operation performed under general or epidural anaesthetic to deliver the baby through a cut in mums abdominal wall.</li> <li>• Often pre-planned and called an 'elective' operation maybe choice, issues with previous delivery, multiple birth etc.</li> <li>• Can be performed as emergency e.g.- when other methods of delivery have failed, baby is in distress, severe bleeding, baby too large or breech</li> <li>• Healing time is up to 6 weeks, and possibly have to stay in hospital after delivery up to 4 days.</li> <li>• Mum can be in a lot of pain, abdominal mobility impaired</li> <li>• After birth - checking amniotic fluid for signs of meconium</li> <li>• When a baby takes their first breath they can inhale meconium. Upon birth, amniotic fluid will be checked to see if there are signs of meconium, could signal that a baby has inhaled it and might need it suctioning off their airways as can cause difficulty when breathing.</li> <li>• Premature birth includes all babies born before the 37th week of pregnancy.</li> <li>• Babies born after 35 weeks are generally able to breathe and feed as normal and healthy development follows</li> <li>• Babies born from 25th week require intensive neonatal care in incubators to regulate temperature, support with breathing and feeding</li> <li>• Have a higher risk of sight and hearing problems and learning difficulties</li> <li>• General issues with premature birth:</li> </ul>				

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	<ul style="list-style-type: none"> <li>• Lower weight, little insulation from fat, difficulties with temperature control</li> <li>• Respiratory system might need support due to difficulty breathing as lungs not as developed</li> <li>• More chance of infection as antibody production is not as developed</li> <li>• Possible jaundice</li> <li>• Multiple births twins+</li> <li>• Usually born earlier by pre-planned delivery</li> <li>• Same issues presented as premature birth</li> <li>• Possibly different weights/size of the babies</li> <li>• Post-term births includes all babies born after 40 weeks of pregnancy</li> <li>• Placenta stops functioning after 42 weeks so fails to provide baby with enough oxygenated blood</li> <li>• So similar issues with breathing, feeding and keeping warm</li> <li>• Post-term births includes all babies born after 40 weeks of pregnancy</li> <li>• Placenta stops functioning after 42 weeks so fails to provide baby with enough oxygenated blood</li> <li>• So similar issues with breathing, feeding and keeping warm</li> </ul>			
Lesson 18-19: Task 1 D2 Completion	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	