

# **Child Development**

## **STANDARD 1**

**Students will evaluate parenting roles and responsibilities.**

### **Objective 1: Recognize the characteristics and responsibilities of parenting.**

- a. Identify the importance of children in society.
  - Children are the future. Future leaders, family, scientists, doctors, caretakers, inventors, etc. They give us a purpose. They are examples of lost qualities like love ethics, humor, fun, play, etc.
- b. Evaluate the rights of children.
  - Loving and secure human relationships.
  - Proper nutrition, healthy and safe living conditions, and appropriate physical and psychological care.
  - Be taught essential living conditions.
  - Non-abusive discipline.
  - Learn basic values and morals behavior.
  - Be an independent and unique individual.
  - Be protected from people, parents included, who may physically or mentally harm them.
  - Develop individual talents.
- c. Evaluate parenting responsibilities as they relate to children's rights.
  - Parents are legally responsible to provide for a child's needs.
  - In a parent – child relationship, the parent does the giving and the child does the receiving
  - Parents should learn all they can about how children grown and develop.
  - A benefit of studying children is that you will better understand the reasons behind their behavior.
  - Another benefit of studying children is that you learn a lot about why you are the way you are.
- d. Recognize that early childhood experiences impact individuals as adults.
  - How a child is taught, guided, provided for, loved, talked to, treated, etc. teaches them how to act. A child can choose to follow these ways and act this way or they can break the cycle and take a different path. What we do to a child can impact them and the society forever.
- e. Evaluate factors to consider in determining personal preparedness for parenthood.
  - Emotional, financial, social, physical, biological, educational, stable and healthy relationship,
  - Emotionally mature enough to put their own needs secondary to the child needs.
  - Physically mature and healthy – optimum age for childbearing is 20-35.
  - It is essential that parents share responsibilities for meeting their children's needs.
- f. Discuss ways parenting skills can be developed.
  - Take risks, trial and error, learn all you can, ask and observe others, learn from mistakes, continually evaluate, study, etc.
- g. Evaluate the demands and rewards of parenting.
  - Rewards / Positive: to provide a nurturing atmosphere, a personally fulfilling role, experience growth and satisfaction, influence future generations, etc.
  - Demands / Negative: being a parent will not cure loneliness, it is a lifetime commitment, takes a lot of energy to be effective, costs a great deal of money, giving without expecting anything in return, etc.
- h. Discuss the importance of literacy in building the parent/child relationship, as well as enhancing children's areas of development. (This objective may be integrated into standards 4, 5, & 6.)
  - Begin reading to a child as soon as they are born and make it part of the daily routine.
  - Children should be read to at least 20 minutes a day.
  - Interact with the child while you are reading to them.
  - Reading together builds a strong parent and child relationship.
  - Children's books do not have to be expensive to be educational.
  - Reading to a child is one of the best ways to help language development and reading readiness.
  - Encourage an interest in books and reading by choosing books that appeal to children and their ages.
  - Nursery Rhymes enhance a child's cognitive skills.
  - Books help a child learn to separate fact from fantasy.
  - It is one of the best ways to help build independence and self-esteem.
  - Books are a great way to understand and discuss real life experiences, i.e.: divorce, death, fears, etc.
  - Dyslexia is a learning disability in which the child uses non-traditional methods to learn to read.

**Objective 2:** Explain the importance of nurture and nature.

- a. Discuss nature (heredity) and its implications on all areas of development.
- b. Evaluate the impact of nurturing upon all areas of development.
  - Define bonding and explain acts that provide a bonding experience. (See Standard 4, Objective 1)
  - Touch is critical to the bonding process.
  - Bonding is critical to the newborn.
  - Infants become securely attached when their needs are consistently met.
  - Define nurturing, the importance of it, positive implications, and identify ways of nurturing.
  - Identify the potential consequences from lack of bonding and nurturing.
  - Define and explain failure to thrive or attachment disorder
  - Infants deprived of loving contact may suffer slower cognitive development
  - Children feel safe when they trust their parents and other adults who care for them.

**Objective 3:** Identify factors influencing the development of self-concept.

- a. Define self-concept.
  - Impacts all of the areas of development.
  - Positive self-concept: get along better with others, self-confident, risk-taker / willing to try new things, self-reliant, goal setter, etc.
  - Negative self-concept: they are often a show off in front of other children, put others down, critical of self and others, might be a bully to make themselves look and feel stronger, withdrawn, insecure, etc.
- b. List the four components of the self-concept cycle and describe the effects of each.
  - As I see myself affects My actions which influences how Others see me, which influences how Others React to me.
  - It is a fluid cycle that is ever-changing depending on the influences of self-concept.
- c. Identify the influences that help develop characteristics of low and high self-concepts.
  - The individual's self-perception.
  - Verbal and nonverbal communication with self and others.
  - Positive and negative interaction with others, self, the environment, and the media.
- d. Discuss ways to promote positive self-concepts in children.
  - Let children know that their behavior is appropriate, allow children to make choices / personal decision-making, support them as they try new things, allow for personal independence, encourage the development of skills and talents, etc.

## **STANDARD 2**

**Students will identify growth and development.**

(Objectives may be integrated into each developmental age under standards 4 and 5.)

**Objective 1:** Identify generalizations of growth and development.

- a. Identify and define the basic concepts and patterns of growth and development.
  - Growth proceeds from head to foot (The infant needs to hold their head up before they can crawl)
  - Growth proceeds from near to far (The infant needs to move their arm before they can move fingers)
  - Growth proceeds from simple to complex (The infant holds their head up, rolls over, crawls, walks)
  - Growth and development is similar for everyone, builds on earlier learning, proceeds at an individual rate and time, is all interrelated, and is continual throughout life.
- b. Define and identify physical, social, emotional, cognitive, and moral development.
  - Physical
    - Children develop most rapidly during the first three years of life.
    - Motor skills are the coordinated movements of body parts. There are 2 types:
      - The development of Fine / Small muscles like the hands and fingers.
      - The development of Gross / large muscles like legs and arms
    - Most children follow a natural physical development sequence: lift their head, roll over, creep, crawl (which some children skip), cruise, and then walking.
      - Creeping is when the baby pushes himself around on his stomach.
      - Cruising means to walk while holding onto objects for support.
  - Social
    - Socialization is the process of learning self-expression, to get along and interact with others, and moving from being a self-centered individual to being able to relate with others.

- Emotional
  - The process of learning to recognize and express feelings and to establish a unique personal identity.
  - Emotional development begins at birth.
  - Erik Erikson developed a theory of 8 stages of man to understand this process.
- Cognitive
  - Intellectual skills, how one learns, gains information, and understands the world around them.
  - Theorist, Jean Piaget, identified how intellectual skills are developed.
  - People in the child's surroundings are very important in creating an enriching learning environment.
  - Children learn through every day experiences that surround them and when someone shares with and talks about their experiences.
  - Children learn about the world around them through play.
  - Positive feedback for accomplishments encourages children to continue trying, learning, and achieving.
  - A sensory stimulating environment promotes brain development and learning.
    - Stimulation for children ages 0-3 is critical for brain development.
  - Language development is a cognitive task.
    - Speaking correctly (modeling) to the child will help them learn correct speech patterns.
- Moral Development
  - The process of learning right from wrong.
  - Being a good example (modeling) is the best way to teach moral development to children.
- c. Describe the interrelationships between physical, social, emotional, cognitive, and moral aspects of development.
  - All of these areas of development have their unique traits, but they are all dependent of each other to function. Each area provides a foundation for the next.

**Objective 2:** Identify the characteristics of selected developmental theories.

- a. Recognize that the study of child development is based on research. (Erickson, Piaget and others)
  - Eric Erickson
    - Concentrated on emotional development which defines the emotional stage of children.
    - Developed a theory called the Eight stages of man, infant stage is *Trust vs. mistrust*, toddler stage is *autonomy vs. shame and doubt*, preschool stage is *initiative vs. guilt*.
  - Jean Piaget
    - Concentrated on cognitive / intellectual development and defined the cognitive skills that children learn.
    - Infants are in the Sensorimotor stage, Toddlers move through the Sensorimotor and into the preoperational stages, and preschoolers are in the preoperational stage.

### **STANDARD 3**

**Students will identify characteristics of birth defects, pregnancy, prenatal care and development, and childbirth.**

**Objective 1:** Identify heredity and environmental factors influencing birth defects and prenatal care.

- a. Analyze the influence and effects of genetics and heredity. (x and y chromosomes, etc.)
  - Genes carry inherited traits which pass on physical characteristics from one generation to another.
  - Each mature sperm and egg cell contributes 23 chromosomes.
  - 23 pairs of chromosomes are in a fertilized egg which equals a total of 46 chromosomes.
  - Chromosome combinations determine the gender: boy = XY and girl = XX
  - Vision, height, weight, blood type, and eye color are factors determined by heredity.
- b. Define dominant and recessive genes.
  - Stronger genes are known as dominant and need only one to pass on the characteristic. Weaker genes are known as recessive and need two to pass on the characteristic.
  - Recessive genes will only produce a trait when it is transmitted by both parents at the same time.
- c. Specify lifestyle factors that influence environmental birth defects.
  - Harmful substances the mother consumes: over-the-counter medication, tobacco, alcohol, illegal drugs
  - Avoid all forms of drugs, nicotine, and alcohol. These can slow the fetal growth, cause low birth weight babies, varying levels of mental retardation, malformations, etc.
  - Tar and nicotine from forms of tobacco, transfer to the kidney of the fetus and can cause damage.

- Fetal alcohol syndrome is a birth defect caused by alcohol consumption by the mom during pregnancy.
  - Only use over the counter and prescribed medication under a doctor's care.
  - Diseases and infections the mother might have such as Toxoplasmosis, Hepatitis C, HIV and AIDS, Fifth disease, Chickenpox, Cytomegalovirus, Group B streptococcus, Rubella (German measles), Influenza, etc.
  - Avoid exposure to x-rays, pollutants, and toxic substances.
  - Get appropriate rest and follow stress management techniques.
  - Risk for genetic birth defects increase if the age of the mother is over 35. i.e.: Down syndrome.
  - Seek early (by the 13<sup>th</sup> week of pregnancy) and continual (at least 13 total visits over the course of 40 weeks of pregnancy) medical attention/prenatal care.
  - Maintain a proper diet. The placenta does not transfer essential nutrients to the fetus if a woman is undernourished.
  - Exercise. Walking and swimming are excellent during pregnancy.
  - Appropriate weight gain of 24-30 pounds during pregnancy.
  - Receive proper immunizations prior to becoming pregnant. Receiving the Rubella (German Measles) vaccine may be dangerous for women who are pregnant.
  - The mom has an STD/STI that is passed onto the fetus.
- d. Identify the role of folic acid in the prevention of neural tube defects.
- Women of childbearing age who have inadequate folate intakes are more likely to give birth to babies with neural tube damage.
  - 400 micrograms of folic acid daily from supplements or fortified foods is recommended.
  - Neural tube damage occurs during the first weeks of pregnancy before a woman may realize she is pregnant. This may be prevented a mother takes folic acid prior to conception.
- e. Classify types of birth defects.
- **Recessive inheritance** disorder is when both genes in a pair must be defective to cause disease. People with only one defective gene in the pair are considered carriers. (sickle cell anemia, cystic fibrosis)
  - **Dominant inheritance** disorder is when the mutated gene is a dominant gene located on one of the nonsex chromosomes. You need only one mutated gene to be affected by this type of disorder. (Huntington's disease)
  - **Multi-factorial inheritance** means that "many factors" (multifactorial) are involved in causing a birth defect. The factors are usually both genetic and environmental, where a combination of genes from both parents, in addition to unknown environmental factors, produce the trait or condition. (Cleft lip/palate and Neural Tube Defects)
  - **Chromosomal error** occurs when the fertilized egg cell contains chromosomes in an abnormal structure, number, or arrangement, etc. (Down's syndrome)
  - **Congenital malformation** a condition that is present at birth (Heart Defects, Neural Tube Defects, or having an extra body part such as a finger.)
  - **Blood disorder** affect any of the three main components of blood: Red blood cells, which carry oxygen to the body's tissues, White blood cells, which fight infections, Platelets, which help blood to clot, and the liquid portion of blood, called plasma. (Hemophilia and Anemia)
  - **Prenatal damage** exposure to harmful agents during critical prenatal development which causes damage to the Embryo or Fetus before birth. (Fetal Alcohol Syndrome)
  - **Metabolic disorder** are genetic conditions that result in metabolism (the chemical reactions taking place in the body to convert or use energy) problems. Major examples of metabolism include Breaking down the carbohydrates, proteins, and fats in food to release energy. Transforming excess nitrogen into waste products excreted in urine, and Breaking down or converting chemicals into other substances and transporting them inside cells. (Tay-Sachs disease and PKU),
  - **X-linked (sex-linked)** defects are traits carried on the X chromosome which makes females the carriers but the defect shows up in the males. i.e.: hemophilia and colorblindness.
- f. Identify birth defects influenced by heredity, environmental, and a combination of the two along with possible preventions or treatments for each.
- Heredity
    - Down's syndrome, PKU, Muscular dystrophy, color blindness, hemophilia, cystic fibrosis
  - Environmental
    - Fetal alcohol syndrome (FAS), STD/STI related
  - Combination of Heredity and Environmental
    - Cleft lip/palate, club hand/foot, cerebral palsy, Neural tube defects

- g. Explain the role of prenatal testing in the detection of birth defects.
  - Ultrasound- utilizes sound waves to detect the health and development of the fetus.
  - Amniocentesis – inserting a needle through the abdominal wall and into the uterus and withdrawing some amniotic fluid to detect birth defects.

**Objective 2:** Explain the characteristics of pregnancy.

- a. Analyze the health risk of teen pregnancy to the expectant mother and the developing fetus.
  - Teens have a higher risk of low-birth weight baby which can cause many complications to the developing fetus.
  - Teens often cannot transfer essential nutrients to the fetus because they are still growing themselves. Their diet, especially if it is a poor (typical) teen diet, may also be a factor in the transferring of nutrients. The fetus receives the nutrients that are left over after the body of the teen mom receives the nutrients that it needs.
- b. Explain ovulation and conception.
  - Parts and functions of the female reproductive system
    - **Ovum (egg)** - the female reproductive cell, which, after fertilization, becomes a zygote that develops into a new member of the same species.
    - **Ovaries** - The female reproductive glands in which ovum are produced. The ovaries are located in the pelvis, one on each side of the uterus.
    - **Fallopian tubes** - one of a pair of long, slender ducts in the female abdomen that transport ova from the ovary to the uterus and, in fertilization, transport sperm cells from the uterus to the released ova. Due to the time frame in which ova and sperm live, fertilization must take place in the fallopian tubes.
    - **Uterus** - A hollow, pear-shaped organ that is located in a woman's lower abdomen, between the bladder and the rectum. The muscle expands during pregnancy to hold the growing fetus and contracts during labor to deliver the child.
    - **Endometrium lining** - functions as the lining for the uterus. During the phase of the menstrual cycle, the endometrium thickens in preparation to accept an embryo. If an ova was not fertilized, then the thickened lining is reduced down and expelled during menstruation.
    - **Cervix** - The cervix is the lower, narrow portion of the uterus that dilates and opens to allow passage of menstrual blood and during birth.
    - **Vagina** - the muscular tube leading from the external genitals to the cervix of the uterus in women
    - **Perineum** - The surface area between the anus and the vulva (the labial opening to the vagina) in the female and the anus and between the scrotum in the male.
  - Eggs or ovum are released from the ovaries during ovulation to begin the menstrual cycle.
  - Fertilization of the ovum by the sperm takes place in the fallopian tubes.
  - Only one sperm may penetrate and fertilize an ovum.
  - The fertilized ovum implants into the endometrium lining within the uterus
- c. Identify the early signs and symptoms of pregnancy.
  - Tender breasts, nausea, vomiting, menstrual period stops, frequent urination, fatigue, etc.
- d. Identify common discomforts occurring during pregnancy.
  - Emotional mood swings, tired, trouble breathing, swelling ankles feet, and hands, etc.
- e. Identify and define potential pregnancy complications.
  - Rh factor incompatibility is a condition that occurs during pregnancy if a woman has Rh-negative blood and her baby has Rh-positive blood. To be considered when the mother is Rh- and the father is Rh+.
  - Toxemia/pre-eclampsia is a complication often characterized by the pregnant mom's sudden weight gain and high blood pressure. May be due to undernourishment during pregnancy. Preeclampsia can prevent the placenta from getting enough blood and if the placenta doesn't get enough blood, your baby gets less oxygen and food. This can result in low birth weight.
  - Gestational diabetes is when the pregnancy hormones block insulin from doing its job. When this happens, glucose levels may increase in a pregnant woman's blood and cause harm to the size and health of the fetus. The blood sugar (glucose) level usually returns to normal after delivery.
  - Placenta previa is when the placenta is lying unusually low in your uterus, next to or covering your cervix. If you're found to have placenta previa early in pregnancy, it's not usually considered a problem. But if the placenta is still close to the cervix later in pregnancy, it can cause bleeding, which can lead to other complications and may mean that you'll need to deliver early. If you have placenta previa when it's time to deliver your baby, you'll need to have a cesarean section.
  - Low-birth weight is when the weight of the fetus is under 5.5 lbs. at birth.

- Premature is a birth that takes place more than three weeks before the baby is due — in other words, after less than 37 weeks of pregnancy, which usually lasts about 40 weeks.
- Miscarriage or spontaneous abortion is any pregnancy loss that takes place before the 20th week (5<sup>th</sup> month) in pregnancy.
- Stillbirth is the birth of an infant that has died in the womb after having survived through at least the first 20 weeks of pregnancy.
- STDs in pregnancy can harm you and your developing baby depending on the type of infection.
  - **HIV/AIDS:** Thanks to the creation of powerful medications, transmission of HIV infection to an infant is almost completely preventable. But, when the disease is passed on, the results are catastrophic -- the baby may develop HIV infection.
  - **Herpes:** Herpes infection in a pregnant woman is relatively safe until she gets ready to deliver. Active herpes lesions on the genitals are highly contagious and can infect the infant as he or she is being born. Also, the virus may begin multiplying and become infectious before any skin symptoms appear. Therefore, many women with herpes have a cesarean section to prevent the transmission of herpes to the newborn.
  - **Gonorrhea:** Gonorrhea is a very common STD. A pregnant woman with untreated gonorrhea has an increased risk of miscarriage or preterm delivery. A baby that is born while the mother has an active infection can develop blindness, joint infection, or a life threatening blood infection.
  - **HPV (Genital Warts):** This is a very common STD. If contract genital warts are contracted during pregnancy, treatment may be delayed until after you deliver. Sometimes the hormones from pregnancy can make them grow larger. If they grow large enough to block the birth canal, the baby may need to be delivered by a cesarean section.
  - **Chlamydia:** Chlamydia may cause an increased risk of miscarriage and preterm delivery. Newborns who are exposed can get severe eye infections and pneumonia.
  - **Syphilis:** Syphilis is easily passed on to your unborn child. It is likely to cause a very serious infection to the baby that can be fatal. The infants are often premature. Untreated infants that survive tend to develop problems in multiple organs including the brain, eyes, ears, heart, skin, teeth, and bones.
  - **Hepatitis B:** If a pregnant woman is infected with hepatitis B, she can transmit the infection to her baby through the placenta. Also, her newborn can become infected. In addition, women with hepatitis B are more likely to have a premature delivery.

**Objective 3:** Discuss the importance of early and on-going prenatal care.

- a. Identify the role of appropriate medical care, nutrition, weight gain, and other lifestyle choices on prenatal development.
  - Often there is a direct correlation between the health of the expectant mother and the health of the unborn baby. If the mom is healthy and taking care of herself, getting proper medical care, eating nutritiously, gaining the appropriate weight, etc., the baby will most likely be healthy. If the mom has health problems or is taking harmful substances into her body, the baby can be born with problems.

**Objective 4:** Identify characteristics of prenatal development.

- a. Outline the stages occurring during prenatal development.
  - Prenatal development is the development of the baby before it is born.
  - The prenatal period lasts 40 weeks.
  - Zygote is the developing baby in the first two weeks of pregnancy.
  - Embryo is the stage during the 3<sup>rd</sup> through the 8<sup>th</sup> week of development.
  - Fetus is the developing baby after the 8<sup>th</sup> week until term of delivery.
- b. Define and discuss prenatal terminology.
  - Umbilical cord – the connection between the fetus and the placenta that passes oxygen and nutrients from the mother to the child and returns waste products back to the mother.

- Placenta – an organ attached to the endometrium lining that filters and transfers nutrients and oxygen to the fetus.
  - Amniotic fluid – guards against jolts, keeps the fetus at a constant temperature, keeps the fetus from forming a connection to the endometrium lining.
  - Amniotic sac – holds the amniotic fluid, a very strong, clear and transparent membrane sac that surrounds the fetus. Before delivery, it is broken to allow the baby to exit out of it.
  - Uterus/womb – the uterus is called a womb when a fetus is growing inside of it.
  - Birth canal/vaginal canal – the vaginal canal and vagina are called the birth canal during delivery of the fetus.
- c. Identify the prenatal development occurring during each trimester.
- First trimester
    - The most critical and greatest time of risk and vulnerability for birth defects depending on what the mother does or does not do during the pregnancy i.e.: taking drugs/medication.
    - Signs and symptoms of pregnancy are more likely to occur.
    - The majority of the physical development occurs (every physical feature and vital organs form, heart beats and brain waves begin etc.)
    - There is small maternal weight gain.
  - Second Trimester
    - Quickening (slight fetal movements felt by the mother) occurs usually during the 5<sup>th</sup> month.
    - Increased organ development.
    - Physically the easiest trimester on the mom.
  - Third trimester
    - Physically the most demanding time for the pregnant mom due to discomforts of pregnancy.
    - Lanugo (fine hair) and vernix (waxy substance) both covering the fetus's body begin to go away
    - Fetus gains a protective fatty layer.
    - Fetus grows and gains weight rapidly – 5-6 lbs.
    - Builds antibodies the last month to help the baby have a healthier start once outside of the womb and living as a separate being from the mom.
    - Lightening (the dropping movement of the baby into the Mom's pelvic region in a head-down position in preparation for delivery) occurs in the last few weeks of pregnancy.
- d. Discuss multiple births.
- Identical twins develop when one ovum is fertilized by a sperm and then splits into two or more.
  - Fraternal twins develop when more than one separate ovum each **are** fertilized by a sperm.
  - Conjoined twins develop when the fertilized cells (identical twins) do not completely split apart before developing.

**Objective 5:** List the sequential events in the childbirth process.

- a. Define childbirth terms.
- Labor: Regular contractions of the uterus that result in dilation and effacement of the cervix.
  - Lightening usually occurs during the ninth month.
  - Show or mucous plug, a pinkish plug that covers the cervix, is released at the beginning of labor.
  - The amniotic sac breaks or is broken releasing amniotic fluid. Often referred to as the water breaking.
  - Dilation: The extent to which the cervix has opened in preparation for childbirth. It is measured in centimeters, with full dilation being 10 centimeters.
  - Effacement: This refers to the thinning of the cervix in preparation for birth and is expressed in percentages. You will be 100% effaced when you begin pushing.
  - Fontanel: Soft spots between the unfused sections of the baby's skull. These allow the baby's head to compress slightly during passage through the birth canal.
  - Episiotomy is a surgical incision made on the perineum used to enlarge the vaginal opening to help deliver a baby. The incision is stitched after the third stage of labor.
  - Contraction: The regular tightening of the uterus working to push the baby down the birth canal.
  - Delivery is the process of the fetus being expelled from the uterus.
  - Post-partum – the time after delivery where rest is the mother's primary physical need.
  - Forceps and vacuum extractor – tools used by the obstetrician to guide the fetal head during delivery.
  - After delivery, bloody vaginal discharge (called lochia) comparable to a heavy period is seen. This could last up to six weeks.
  - Station: Refers to the position of the baby in the birth canal.

- b. Outline the three stages of labor.
  - Dilation - The first stage of labor
    - Usually the longest stage of labor while the cervix dilates from 0-10 cm and becomes effaced.
    - Contractions begin to dilate the cervix. These become longer, stronger, and closer together.
  - Expulsion - Second stage of labor
    - Is the birth of the baby.
    - Crowning is when the baby's head has passed through the birth canal and the top or "crown" stays visible at the vaginal opening without slipping back inside.
    - The purpose of contractions during this stage is to push the baby out of the uterus. As delivery approaches, contractions become longer, stronger, and closer together.
    - Average birth weight of a full term healthy baby is 7-8 pounds and 20 inches in length.
  - Afterbirth - Third stage of labor
    - Is when the afterbirth, consisting of the amniotic sac, placenta, and umbilical cord, is expelled.
    - Usually lasts anywhere from five to 20 minutes or more. Mild contractions that last about a minute each will help separate the placenta from the uterine wall and move it through the birth canal so that it can be pushed. Your practitioner may help speed up the process by putting gentle pressure on your uterus.
- c. Discuss delivery options.
  - Vaginal – delivered through the vaginal opening.
  - Cesarean – surgery performed so the baby can be delivered through an incision made in the abdomen wall and uterus.
    - Reasons for performing a C-section: The position of the baby, the umbilical cord wrapping around the baby's neck, problems with the fetal heart rate, the fetus is under stress, the mother is in danger, etc.
  - Anesthesia
    - Natural – childbirth without any medication
    - Epidural – pain medication injected into a space within the expecting mother's spinal cord region that numbs from the abdomen or pelvis downward. Given to relieve pain during the labor and delivery process.
      - Obstetrician Gynecologist is the doctor trained to deliver the baby.
      - Midwife is a registered nurse with additional training as a midwife or a person with formal training in childbirth without a nursing degree who delivers infants and provides prenatal and postpartum care.
      - Birthing room – labor, delivery, and postpartum recovery all occurs in the same room.
      - Delivery room – labor and delivery occur in this room and then the mom and moved to a postpartum room to recover. Cesarean sections occur in an operating room.
- d. Describe possible complications that may occur during childbirth.
  - Placenta previa, Rh factor, STDs, toxemia pre-eclampsia, etc.
  - Delivery position of the fetus (normal and desired is head first and face down)
    - Breech position delivery – feet or buttocks first
    - Posterior position delivery – head first and face up
    - Transverse position – fetus is laying sideways

#### STANDARD 4

Students will explain the growth and development of the neonate (newborn) and infant.

**Objective 1:** Describe the growth and development of the neonate (newborn) and infant.

- a. Identify the physical characteristics and needs of the neonate.
  - **Circumcision:** is the removal of the foreskin on the penis. This surgery is the parent's decision.
  - **Jaundice:** causes the baby's skin and eyes to look slightly yellow due to the livers inability to remove the bilirubin, substances produced by the breaking down of red blood cells, from the body fast enough yet or the baby might be producing too much of it for now.
  - **Head:** The baby's head may be elongated or misshapen as a result of his journey through the birth canal. The baby's head may appear too large for its body. The head is 1/4th of the baby's total size. It is an average of 13 to 14 inches at birth.
  - **Eyes:** Most Caucasian babies are born with blue eyes that may go through several color changes in the first few months. They usually darken to their final color between 6 and 12 months. Darker-skinned babies are usually born with brown eyes, which tend to stay brown or turn another dark color, such as a deep green. You may notice your baby looks cross-eyed. A newborn's eye muscles are weak at birth. Over the new few weeks, eye muscle strength will improve and the baby can better focus on objects.

- **Hair:** Some babies are born bald; others arrive with a full head of hair. Most newborn hair will fall out, and the hair that replaces it may be totally different in texture and color. In babies who do not have much hair, you may see a pulse beating under the soft spot at the back of his head.
  - **Skin:** At birth, a baby may have a thick cheese-like covering. This is called **vernix** and it helps to protect the baby's skin while in the uterus against a wide variety of infections, from becoming wrinkly from the amniotic fluid, and it is highly moisturizing. Over the baby's forehead, nose and cheeks, there might be "whiteheads" or **milia**. These are plugged immature oil glands that will go away in several weeks. The baby may have soft downy hair that may cover its face and body. This is called **lanugo** and it will go away within a few weeks after birth. The baby may have pale pink marks on the face and neck. There are called **stork bites** and will fade during childhood. The baby may have bluish-black marks on the lower back or bottom. These are called **Mongolian spots** and are more common on dark skinned children. They will fade during childhood. A newborn's skin is very sensitive to temperature changes. If the baby becomes too cold, the skin may appear blotchy with slightly bluish hands and feet. If overheated, a rash may develop. Underlying blood vessels show through the new delicate skin, giving it a pinkish or reddish tone. The newborn is wrinkly because it just spent nine months in fluid and now is exposed to dry air, plus it is a little dehydrated right after birth. The circulatory system isn't quite up to speed yet, so when the baby sleeps, the hands and feet may look bluish.
  - **Chest and breathing:** The abdomen may be round or stick out slightly. The baby's breathing is not like an adults breathing. Babies take little breaths and use stomach muscles to help breathe. You may even notice short pauses between some breaths. The rate of breathing is 30 to 60 times a minute. This is because their heart rate is rapid at 120 to 160 times a minute. The breasts of boy and girl babies may look enlarged after birth. The hormones that cross the placenta during the last two weeks before birth cause the breasts to fill with milk. Do not squeeze the breasts. The enlarged breasts will go away in about 2 weeks.
  - **Umbilical cord** - Sticky material will collect at the base of your baby's cord stump until it dries out and falls off.
  - **Genitals** -You may notice some swelling around the genitals. Genitals are the sex organs you see outside the body. This happens because the hormones that cross the placenta before birth cause slight enlargement. The hormones in a girl may cause the baby to have white vaginal drainage. She may also have slight vaginal spotting. This is known as a false period.
  - **Feet**- After birth, your baby's arms and legs may look bent and are held close to the body. Most newborn babies' hands are in tight fists. Legs may appear bowed and the feet might look pigeon-toed because they have rotated inward due to being curled up snugly in the womb for nine months. After about 6 months, they'll relax into a straighter position. The arms and legs may also appear too short for the body because of their bent appearance. This is temporary. By 3 to 4 months, the arms and legs stretch out.
  - **The Newborn's Senses**
    - Babies can hear loud and soft noises at birth. Loud noises may cause your baby to startle, while soft noises may help to calm your baby. The baby quickly learns the difference in voice sounds. The baby will turn its head to a familiar voice, especially mom's and dad's voice.
    - When showing baby's objects, hold them 8 to 12 inches from their face and hold a baby 12 inches from your face when talking or playing with them so that they can see you clearly.
    - Newborns can taste and smell at birth. Babies will be able to taste formula or breast milk. Avoid heavy perfumes and do not smoke around a baby.
  - A newborn enters the world with virtually no **muscle control**. They can't hold their heads up on their own. Their movements are mostly reflexes.
  - **Behavior** - The newborn baby will probably spend a lot of time sleeping or eating. A baby may be very alert and gaze at you, or be very quiet and drowsy right after birth. Think of it as after birth jet lag. A baby may fuss briefly, make crying sounds, or even smile. When awake, your baby's behavior may range from alert to fussy. When the baby is quietly alert, this is the best time to feed, play and talk to a baby. Crying is a response to unpleasant stimulation. A baby needs to be calmed and held.
  - Babies have an **emotional** need for bonding right after delivery.
- b. Explain the Apgar test, scale, and score.
- Apgar test is done at one minute and then again five minutes after delivery.
  - Tests for the newborn's ability to adapt to and thrive in life outside of the uterus. The medical team is observing the neonates (newborns) heart rate, breathing, muscle tone, response to stimulation, and skin color.
  - Each of the 5 areas is rated on a score of 0-2. Ten is a perfect score, but normal range is 6-10. A lower Apgar score signifies that the baby may need some medical assistance.

- c. Identify the function of fontanels.
  - Fontanels allow for rapid brain growth. A child's brain size can triple in the first 2 years of life.
- d. Discuss feeding options of the neonate.
  - After birth, babies usually experience a slight weight loss.
  - Neonates are fed on demand.
  - Breast-feeding vs. bottle-feeding. Both have their Pro's and Con's to identify and consider.
- e. Define nurturing and bonding and discuss the importance of the bonding process after delivery.
  - Bonding is forming an emotional tie between the parents and the child.
  - A parent can form a bond with a child through many ways, some of which are: looking lovingly at your baby, touching your baby lovingly, talking to your baby with an animated face and voice, being sensitive to the needs of the baby and responding consistently to baby's needs, etc.
  - When parents look lovingly at their infants, talk to them, touch them in loving ways, and respond consistently to their infants' cries, the infant will begin to develop trust (refer to Erickson's stage of Trust vs. Mistrust).
  - If there are no delivery or newborn complications, routine medical procedures may be delayed to allow for the immediate bonding process by laying the baby on the mother's stomach to hear the familiar heartbeat and feel the warmth of her skin and holding, touching, talking, and looking into the child's eyes will also build a bond with the baby.
  - These simple interactions build connections in the brain which strengthens brain development.
  - Infants deprived of loving contact and bonding may suffer slower cognitive development.
- f. Identify common newborn reflexes.
  - Reflexes are survival skills for the newborn and a way for the physician to check the functioning of the baby's neurological system.
  - Rooting – When the baby's cheek is stroked, the baby will turn towards the side of his/her face that was stroked.
  - Sucking – Stimulated when something is put in the baby's mouth. This reflex allows the newborn to feed from the mother's breast or bottle immediately after delivery.
  - Moro (startle) – Stimulated when there is loud noise or sudden movement such as when the arms are held and then suddenly released. It causes the baby to throw their legs and arms out with clenched fists
  - Babinski – When the sole of the foot is stroked from heel to front the toes will fan out.
  - Grasping – When an item is placed in the palm of the hand, the baby's fingers will grab around it.
  - Tonic Neck (fencer) – The baby takes on a fencer arm stance where one arm is pulled back and the other arm extends forwards.
  - Stepping – When the baby's feet touch a solid surface, they will make stepping motions.

**Objective 2:** Describe the growth and development of the infant.

- a. Identify the sequence of physical development of the infant.
  - Normal sequence: lifting their head, rolling over, sitting up, creeping, crawling, cruising, and walking.
  - Babies might skip the crawling phase, but studies have linked crawling to the development of brain pathways necessary for reading and other cognitive skills. Provide toys that get a child down on the ground to crawl around during play.
  - Since the neck muscle is weak, place one hand under their neck to support their head and neck.
  - A slow moving mobile above the baby's head will develop the infant's eye muscles.
  - Nutrition in the first year
    - If the baby cries, don't immediately offer food. Tears don't mean hunger and you don't want them associating food with comfort.
    - To warm a bottle of formula or breast milk: Never microwave the bottle this creates dangerous hot spots in the liquid that will burn the baby. Instead, run the bottle under hot water until the milk is lukewarm or set the bottle in a pot of water on the stove and heat to lukewarm Check the temperature by shaking a few drops onto your wrist.
    - Propping a bottle up in the baby's mouth causes milk to gush into their mouth. They could develop ear infections, digestive problems, and tooth decay and they miss out on the important physical contact and attention.
    - Throw away unfinished bottles that have been sitting in the fridge for over two hours.
    - Bottle fed babies are at risk for overfeeding because the caregiver may urge the baby to finish the milk left in the bottle, even if the child is full.
    - At around 6 months of age the infant is able to digest solid foods. It also has control over the thrusting reflex so it won't spend the majority of feeding time thrusting out its tongue, and the food.
    - Introduce one new food at a time to be able to identify allergic reactions to food.

- Generally you should introduce to a baby to cereal and grains first, followed by vegetables (yellow than green), fruits, protein (7 months)- poultry before beef, dairy- (7 months) yogurt, cottage cheese, egg yolks -NOT cows milk. It is important to research options for feeding infants. For example, some doctors recommend waiting to feed infants baby cereal because so many can develop grain sensitivities or allergies; instead, they start babies on vegetables first.
  - Avoid feeding certain foods in the first year due to the increased risk of developing food allergies. Cow's milk, egg whites, citrus fruits, peanut butter, fish, sugary juice and pop, sugary snacks, salty snacks, etc. Wait until the child is 2 years old to introduce honey.
  - Never feed a baby directly from the baby food jar. Bacteria from the baby's saliva mix in and lives in the baby food. It begins to break down the food and causes it to spoil. Disease-causing bacteria can grow quickly and lead to illness. Pour the food out into a bowl.
  - Children begin self-feeding at about 8-10 months. Guidelines for self-feeding safely: small pieces, easy to break apart, nothing that must be chewed, small amounts at a time, and watch them continuously.
  - Begin teaching and modeling healthy eating habits and adequate food nutrition by following the MY Plate guidelines, give smaller serving sizes/portions, use their hand as a guide for their portion, help children to enjoy fresh fruits and vegetables, Limit salty, sweet, and fatty foods. Provide enough calories for rapid growth; provide foods rich in necessary nutrients such as Protein, iron, calcium, B vitamins, C vitamins, and D vitamins. Foods that are easy to digest. Adequate amount of liquid – Mostly WATER, but also can provide 100% juices.
- b. Identify the height and weight gains during the first year of life.
- Infants triple their birth weight in the first year.
  - An infant's length increases by one-half by the end of the first year.
- c. Describe the emotional and social development of the infant.
- Emotional development begins the day the child is born.
  - Newborns prefer to look at and interact with the human face.
- d. Define and discuss stranger anxiety and separation anxiety.
- Stranger anxiety is when someone comes to visit and the child cries or appears to be afraid of them.
  - Separation anxiety results from separation from a parent/caregiver or sentimental item.
- e. Describe Erickson's stage of trust vs. mistrust.
- Infants need consistency and a predictable routine to build trust.
  - Bonding with the baby, showing love and affection, and getting to know the child will build trust.
  - Meeting the baby's needs in all areas of development will create trust.
  - Building trust helps the baby to know that the world and the caregiver are comfortable and safe and that these things are good and can be depended upon.
- f. Describe Piaget's sensorimotor stage of development.
- Lasts from birth to about age 2.
  - Babies learn through their senses and their own actions. Sensory stimulation is vital to brain development and fostering intellectual activity.
  - Babies put things in their mouths to learn through their senses.
  - Acts intentionally to produce results, begins to solve problems, imitates others, looks for and finds hidden objects (object permanence), explores and experiments, begins imaginative thinking.
  - Language development begins with crying, then cooing, babbling, single words, putting a few words together, etc.
  - Parentese is the intentionally oversimplified nonstandard musical manner of speech, imitative of young children learning to talk, used by adults in talking to toddlers and infants. Often accompanied by exaggerated facial expressions
    - Helps parents and caregivers connect to their babies.
    - Infants actually prefer parentese to adult conversations. They will turn their head to hear it, Babies not only enjoy the high-pitched sounds, they also like watching our faces as we talk to them.
    - Baby talk uses sounds and nonsense words (oo es da cootest witto baby in da wold), Parentese uses actual words, in short and simple sentences, often repeated over and over again, for example, "Who's my li-i-ttle baybee? Are you my littlee baybee? Yes, yoooo are!"
    - The elongated vowels, high pitch, exaggerated facial expressions and short, simple sentences actually help infants learn language. Their brains are "mapping" the sounds they are hearing, and talking in a way that gets their attention helps them learn to speak and understand language. We tend to pronounce words precisely when we talk to babies – pulling out the vowel sounds and clearly voicing consonants – in marked contrast to the hurried way we speak to other adults.

- g. Define and discuss object permanence.
  - Object permanence is knowing that an object still exists even when it is out of sight.
- h. Discuss the types and role of play for infant age children.
  - Play facilitates all aspects of development. Children learn through play.
  - Solitary play – playing alone or engaged in activities that only need one person.
  - On-looker play – sitting back and watching other’s playing as if observing them or waiting for your turn to participate in the activity i.e.: Duck, Duck, goose.
- i. Examine the reasons for infant crying and how to meet those needs.
  - 4 basic cries: hunger (the most demanding cry), pain, bored (grows louder and more intense if ignored), and anger.
  - Meeting crying needs appropriately develops trust and teaches a child about positive attention getting.
  - Everyone is a potential abuser based on the abuse formula: child + caregiver + stress = abuse.
  - Have a crying plan so that when the baby cries you know what to do or check and how to handle it. When an infant is crying, caregivers could check to see if the baby is hungry, needing a diaper change, is too hot or cold, has a fever or illness, could have sensitivities to food from mother’s breastmilk or formula, etc. After checking all of the basic needs, if the infant is still crying a caregiver could try the following to calm their crying infant: rocking, singing, warm bath, car ride, white noise, etc.
  - If your coping threshold (how much a person can take of something) for crying is reached and there is no one around to relieve you by taking the baby, put the crying baby down in its crib, close the door, and go do something to relieve the stress i.e.: dance to loud music, vacuum, watch TV, etc.
- j. Examine shaken baby syndrome and its ramifications.
  - Caused by jostling an infant’s head and neck back and forth with enough force that the brain tissue moves inside the skull and becomes damaged. Usually in an effort to make the child stop crying.
  - If a child is shaken and lives, the child’s quality of life may be compromised as many children with Shaken Baby Syndrome suffer long term disabilities. In addition to brain damage, some children experience paralysis, blindness, etc.
  - Shaking a child under 2 years old can cause permanent brain damage and possibly death.
  - We are ALL at risk for shaking a baby. A tired, stressed out caregiver can lose control and shake a baby to get it to stop crying. Our job is not to stop the crying, but to find out why the baby is crying and do our best to meet the baby’s needs.
- k. Describe sudden infant death syndrome (SIDS) and prevention strategies.
  - SIDS is the sudden, unexplained death of an apparently healthy child (often under 1 years old).
  - Having the child sleep on its back is a recommended way to reduce the risk of SIDS. Also, not sleeping with soft bedding, pillows, or stuffed animals and avoiding smoking and second-hand smoke both during and after pregnancy.

**STANDARD 5**

**Students will explain the growth and development of toddlers and preschoolers.**

**Objective 1:** Describe the growth and development of the toddler.

- a. Describe the physical characteristics and skills of toddlers.
  - Walking shows the beginning of the toddler stage.
  - Toddlers generally walk and run with their feet further apart than an adult’s.
  - Stair challenge – a difficult task to learn where the child goes downstairs alternating feet.
  - A toddler is mobile, curious, and wants to be independent so create a safe environment for them to explore in.
  - Growth tends to slow down as the child gets older, but there is rapid growth in the arms and legs.
  - Activities like tricycles and big wheels will encourage gross motor skills.
  - Activities like puzzles and coloring encourage fine motor skills. Most toddlers can build with blocks, but struggle to use scissors and markers.
  - Toys should not have any small parts.
  - Self-help skills – tasks that the child can do on their own. i.e.: feeding and dressing themselves.
    - If the child is old enough to do it or wants to attempt it, the caregiver should let them and not be so concerned with the end result. The process is more important than the final product.
    - Toddlers should be allowed to start feeding themselves simple finger foods.

- b. Discuss the role of nutrition in physical development.
- Good nutrition is the cornerstone for healthy child development. A child's nutrition affects the health, development, and function of their whole body, including their brain, heart, eyes and immune system. What a child eats will have a big influence on their mood, behavior, thoughts, and emotions.
    - For additional help teaching this concept, see <http://www.kidshealth-central.com/nutrition.html>
  - Suggestions for proper nutrition.
    - Follow the guidelines set forth by the Food and Drug Administration. ([www.choosemyplate.gov](http://www.choosemyplate.gov))
    - Because a toddler's growth is slowing down, they will eat less than they did in their first year.
    - Due to their small stomachs and frequent need for energy (calories), it is best to feed them 6 small meals, which include snacks every 3-4 hours. Give smaller serving sizes/portions using their hand or 1 TBL per age as a guide for the serving size portion.
    - Help children to enjoy fresh fruits and vegetables and Limit salty, sweet, and fatty foods.
      - Use convenience and packaged foods cautiously and serve fresh foods as often as possible. Packaged foods are high in salt, fat, sugar, preservatives, artificial colorings and flavors. If it comes in a bright package or with a prize it is not the best choice to eat.
    - Provide foods rich in necessary nutrients that are easy to digest and appealing to the senses.
    - Adequate amount of liquid – Mostly WATER, but can also choose 100% fruit juices and low-fat milk.
- c. Discuss readiness for appropriate toileting practices.
- Toilet training begins when the child is emotionally AND physically ready.
  - Treat accidents matter of fact so there is no pressure or feelings of shame and doubt.
  - If the child fights toilet training or is struggling still after a few weeks, stop and wait about 3 weeks before trying the training again.
- d. Describe the social and emotional characteristics of toddlers.
- Giving hugs and telling a child that they are loved is the best way to show them love.
  - Egocentrism (self-centered) - It is the tendency to perceive, interpret, and understand the world in one's own terms. Having the inability to understand the view point of others. Toddlers assume that other people think and feel as they do in this stage. If you ask them to perform any activity, they will do it in their own style. They do not care about the specific instructions they were given to complete the task. i.e.: If you ask a toddler to bring you 3 purple flowers, they will not do so. He/she will bring you flowers of a certain color(s) that he/she likes.
  - Negativism – doing the opposite of what others ask to be done. Toddlers are developing a strong sense of being a separate little person at this stage and begin to realize that they too have ideas, wants and new abilities. Parents also recognize all the new skills their child is exhibiting and begin to set limits. Limits don't sit very well in the mind of a toddler, which begins the "NO!" battle.
  - Stubborn – When the child does what they want or what you ask them to do in their own way and in their own time. This is their way of showing a desire for control and independence.
    - For additional help teaching these concepts, [www.sspeds.com/files/Discipline.pdf](http://www.sspeds.com/files/Discipline.pdf)
  - Temper Tantrums – a release of violent anger or frustration exhibited by screaming, kicking, crying, etc.
    - Giving into temper tantrums teaches toddlers how to get their way, which can make temper tantrums occur more often.
    - For additional help teaching tantrums - <http://www.mayoclinic.com/health/tantrum/HQ01622>
  - Fears – a natural emotion that can help a child avoid dangerous situations while others must be overcome in order for the child to develop in a healthy way.
    - Imitation Fear – when a fear is passed on to a child through observation and imitation of the individual's actions. i.e.: A caregiver runs away from a dog and the child learns to do the same.
    - Separation anxiety and stranger anxiety might be stronger emotions than they were in the infant stage.
  - Jealousy – The child may not understand that the caregiver has enough love for everyone.
    - Sibling Rivalry – competition between siblings for parent's attention and affection.
  - Toddlers are social and learning to share is one of the first social skills that they learn.
  - They have short attention spans, are not patient, and struggle to play cooperatively with others.
- e. Discuss the importance of autonomy for a toddler's development. (Erickson's autonomy vs. shame and doubt)
- Autonomy means independence, wanting to be able to do things for one's self.
  - It is important for a caregiver to allow for autonomy within reasonable expectations. The caregiver still has the main responsibility of meeting the child's basic needs.
  - Provide an atmosphere, tools, and skills so that the child will be successful in their attempt for autonomy and will want to continue taking risks. The opposite is the child having feelings of shame and doubt in their own abilities and what they think that their caregiver thinks of them.

- f. Discuss Piaget's sensorimotor and preoperational stages of cognitive development during the toddler years.
  - Intelligence is the capacity to learn. It is also the ability to interpret and understand everyday situations and to use prior experiences when faced with new situations or problems.
  - It is crucial for a child to have an environment that stimulates learning and senses.
  - Concept development – concepts are general categories of objects and information. Toddlers might over think labels and categories. i.e.: Every round object is a ball so an apple is a ball
  - Methods of learning information:
    - Incidental (unplanned) learning
    - Trial & error (trying several solutions to find one that works) learning
    - Imitation (watching and copying others) learning
    - Directed ( formal instruction in) learning
  - Toddlers are in the end of the sensorimotor stage and advancing into the preoperational stage.
  - Preoperational stage: Ages 2-7 years old. Children think in terms of their own activities and what they perceive at the moment. Children learn through imaginative play and continue to view the world in an egocentric manner. Beginning to identify symbols and that symbols have meaning.
  - Understands terms that are concrete, such as ball, truck, and dog, but struggles with abstract terms such as respect, love, etc.
- g. Describe language development during the toddler stage. (See Standard 4, Objective 2-f for stages of language development.)
  - Encourage language development by modeling correct speech.
  - Reading to a toddler is important for language and cognitive development.
  - Nouns are often the first words used.
- h. Discuss the types and role of play for toddler age children.
  - A toddler still engages in solitary and onlooker play and begins Parallel play.
  - Parallel play – playing next to another child, but not with them.

**Objective 2:** Describe the growth and development of the preschooler.

- a. Describe the physical characteristics and skills of the preschooler.
  - Physical growth slows down greatly, but size varies due to individual growth patterns.
  - Very active and energetic.
  - Skills are practiced by participating in the action again and again.
  - Bodies have become straighter and slimmer and the protruding stomach from babyhood flattens. The neck becomes longer and the legs lengthen and grow straighter and firmer.
- b. Identify the gross (large) and fine (small) motor skills developed.
  - Refinement and practice of gross and fine motor skills.
  - Gross motor skills
    - Four year-olds: better gross motor skills to stand on tip toes, throwing and catching, hopping on one foot, alternates feet walking up and down stairs, walking backwards, etc.
    - Five year olds: improved speed and coordination, turning somersaults, skipping, balancing on one foot, etc.
  - Fine motor skills
    - Four year-old: more refined manual dexterity and eye hand coordination.
      - Fine motor skills include: put on and zip up their own coats, cut with scissors, complete puzzles, write letters of the alphabet, etc.
    - Five year-old have more refined fine motor skills to tie their own shoes, drawing a person with a head, body, arms, and legs; stay in the line, using a spoon and fork to eat, etc.
      - Definite hand preference for being right or left-handed is shown at 5 years old.
- c. Describe the social and emotional characteristics of the preschooler.
  - Four-year olds are more able and willing to share with others.
  - Having imaginary friends is common, normal, and shows good social and emotional skills. If the child does not play with real friends, then this could be a concern.
  - The preschooler is gaining stronger inner self-control and self-management of emotions and can begin to relate to other's emotions.
  - They are peer oriented and realize that having friends outside of their family is fun.
  - Preschool children can learn specific social skills in the preschool environment...taking turns, sitting still for longer periods, raising hands, improving manners, etc.

- d. Discuss Erickson's stage of initiative vs. guilt.
- Initiative is the decision and motivation to accomplish more tasks than expected or asked. The desire to accomplish tasks is based on the child's motivation and self-worth.
  - Play is a child's work. Children are initiating play during this stage.
  - Children who are encouraged, allowed, and supported in these efforts develop self-confidence (the belief in one's abilities).
  - Repeated discouragement or punishment may lead to feelings of guilt, inferiority, or inadequacy.
- e. Describe Piaget's preoperational stage of cognitive development during preschool years.
- Toddlers and preschoolers form attitudes about learning that can last a lifetime.
  - Children learn from concrete (hands-on and tangible) evidence.
  - Egocentric - They still think in terms of their own activities and their perceptions at the moment and continue to struggle with abstract terms. They continue to learn through make-believe play, they are learning that objects and words can be symbols and represent an idea, limited view on ideas because these are based on the child's perceptions.
- f. Define and give examples of a child's ability to understand characteristics and terms related to cognitive development.
- Preschool children are in Piaget's Preoperational stage of cognitive development.
  - Children are inquisitive and ask many questions because they are curious and want to understand the world around them.
  - Four year olds learn colors and shapes, sort and identify the differences between objects, and have an expanded vocabulary.
  - Five year olds begin problem solving.
  - Preschoolers learn by participation and involvement in everyday experiences.
  - Terms related to preschool cognitive development.
    - Conservation: even though one property of an object changes, the other properties remain the same. I.e.: a ball of play-dough smashed into a pancake is still the same even though it looks different or liquid is the same amount even though it is poured into differently shaped glasses.
    - Classification: putting objects into sets based on common traits. I.e.: cats and dogs, toy blocks and toy trucks
    - Sorting: placing classified objects into smaller groups based on how they are alike and different. I.e.: sorting cats by color, sorting blocks by size or shape, etc.
    - Seriation: putting objects in a particular order based on size, weight, etc. i.e.: lining crayons up in order from shortest to longest.
    - Transformation: the change of an object from one state to another. i.e.: a popcorn kernel to popcorn, bread dough to bread, Jell-O powder to Jell-O, aging of a person, etc.
    - Reversal: What can be done up can also be undone. i.e.: a sand castle can be built and knocked down, a jacket can be zipped up and unzipped, a mistake can be made and fixed, etc.
- g. Describe the development of understanding between reality and fantasy.
- Preschoolers can differentiate between reality and fantasy or make believe
  - The imaginary life of kids is powerful and sways their perceptions of the real world until they master adult rationality and logic. Jean Piaget, said that kids in the preoperational stage of cognitive growth (ages two to seven) use magical thinking until they learn the properties of physics and reality
- h. Discuss the types and role of play for preschool age children.
- Play is a child's work. It is how they learn about their world around them and all areas of development.
  - Preschool age children continue to play in solitary, on-looker, and parallel play, but now because of their ability to share, help, and do things another person's way allows them to engage in cooperative play.
  - Cooperative play - where children play and interact with one another I.e.: building a sand castle together, playing store, acting out a play, etc.
- i. Discuss how to teach moral behavior to the preschooler.
- Toddlers learn the rules their parents and other caregivers set, but they do not understand the reason behind the rules. They do understand that some actions make a caregiver unhappy and others make a caregiver smile. They choose the latter behavior so they do not lose the approval of their caregiver.
  - Preschoolers are beginning to understand the reasons behind the rules and develop a conscience (inner sense of right and wrong), which guides their behavior and helps them to make proper judgments.
  - The caregiver has a responsibility to teach and help a child develop moral behavior. They can be a good role model of it, set clear standards of behavior, respond to inappropriate behavior and talk about them in private, and continue to show love despite the misbehavior.

**STANDARD 6 Students will practice age-appropriate positive guidance techniques and strategies for coping with challenging situations.**

(Objectives may be integrated into each developmental age under standards 4 and 5.)

**Objective 1: Analyze appropriate positive guidance techniques.**

- a. Define guidance, discipline, and punishment.
  - Guidance: CONTINUAL Long Term influence on behavior. The act or function of guiding through example, words, and actions. Giving advice or counseling. Helping, teaching, showing. Can be positive or negative.
  - Discipline: Behavior modification when needed. To teach and train a behavior by instruction and exercise in accordance with rules and conduct. The method for redirecting a behavior through example, words, actions, and each individual incident. Discipline follows the criteria, Firm Fair Friendly.
  - A process that gradually leads to a child becoming responsible for their own behavior or Self-Control.
  - Punishment: A penalty inflicted for wrongdoing, a crime or offense. Physical or verbal attacks, negatively withholding privileges, removal, hit, spank, hurting. Might teach obedience to authority (out of fear), but not self-control, which enhances self-respect. May restrain a child temporarily, but it does not teach self-discipline. Demeans the child and negatively affects the relationship.
- b. Distinguish between punishment and discipline/guidance techniques.
  - Self-discipline is the overall goal of guidance and discipline. The ability for the child or person to direct their own behavior and not to be directed upon.
  - Children may rebel when parents punish rather than discipline.
  - Adults who do not reinforce appropriate behavior may have children who resort to problem behavior.
  - Guiding by example is a very effective way to teach children the desired behavior.
  - Children feel more secure when caregivers are consistent.
    - Positive guidance works when based upon consistency
  - Children often misbehave for attention so the caregiver should withdraw from the conflict and resolve the problem later. Attention is powerful reinforcer of positive and negative behavior.
  - Respond to aggressive behavior in nonaggressive ways. i.e.: When responding to a 2 year old having a temper tantrum, if the caregiver remains calm and nonaggressive, then the situation becomes deescalated and can be resolved quicker.
  - Adjust the environment so that items that might be a potential problem are placed out of sight.
- c. Identify common reasons children misbehave.
  - Normal behavior for the child's age
    - The action is age and developmentally appropriate.
    - Caregiver: Have appropriate expectations for the child's developmental age.
  - Natural curiosity
    - The child is curious to know what the result or response would be for the action.
    - Caregiver: Provide opportunities to experiment and satisfy curiosity.
  - They do not know any better
    - Inadequate or misunderstood instructions, they really are trying to do what was asked but the caregiver's expectations of how much the child understands may not be realistic.
    - They are trying something new and do not realize what the consequences might be.
    - Caregiver: Have appropriate expectations for the child's developmental age. Make sure instructions are clearly said and understood.
  - To get attention
    - The child just wants the caregiver's attention. They would prefer it to be positive attention, but negative attention is still attention.
    - Caregiver: Give attention only to that which you want to be repeated and ignore questionable or undesirable behavior.
  - To get power
    - Children want some power and control in their lives or they become upset over the amount of control others have over them and might rebel or assert a degree of power and control.
    - Caregiver: Refuse to engage in power struggles. Give children choices for what they want to do, wear, eat, etc. Listen to their ideas.
  - For revenge
    - Children want to do what they want, without anyone getting in the way and when this happens they choose to hurt or "get even" for what they have been made to do or for how they feel. "Hurt people hurt people."

- Caregiver: Discuss the mistaken goal, pay attention to appropriate choices, and provide love.
- Feeling inadequate or incapable –
  - Constantly being corrected or being given negative reinforcement might make a kid quit trying because they are afraid of failing.
  - Caregiver: provide encouragement for their successes and attempts. Refrain from jumping in or fixing every task that they undertake.
- The need to feel that they belong –
  - Wanting to find a place in a family or peer group where they fit in. This place may be positive or negative, but the need is met.
  - Caregiver: Provide unconditional acceptance, concern, and interest in the child.
- d. Discuss reasons and guidelines for setting limits.
  - Setting limits with kids means setting a guideline for behavior, even when there's not an official household rule.
  - Sometimes parents struggle to set limits with kids. Feelings of guilt or wanting to avoid a temper tantrum can get in the way of discipline. However, limits are good for kids. When parents set limits, they are not only showing their children what to do and say, they are helping them to cope with their impulses and anxieties. Limits are internalized and actually make children feel safe.
  - Limits should benefit the child.
  - State your limits clearly and firmly, Discuss limits in advance, Use consequences as a form of discipline when rules are broken, Give your child explanations for your limits and then listen to what they have to say about it, etc.
- e. Compare natural and logical consequences.
  - Natural Consequences – occur without interference by letting nature just take it's course. The child can see the result of his behavior/choices. This consequence can't be used if it will cause harm to the child, other's property, if the consequences are too far in the future, or if the behavior cannot be tolerated.
  - Logical Consequences - occurs with interference from the caregiver and should be relevant to the misbehavior. It should be short in duration, not imposed in anger, and provide opportunities for the child to learn from their behavior and/or decision.
- f. Discuss guidelines for using positive guidance techniques.
  - Positive statements
    - Clearly stating what the child IS expected to do instead of TELLING THEM WHAT NOT TO DO. i.e.: "Walk in the house" vs. "Don't run in the house."
    - When giving directions, get down on the child's eye level to talk with them.
    - To encourage a child to complete a task, tell them what needs to be done in short and simple steps (2 or 3 max) and then go and help them get started.
  - Redirection
    - Substituting unacceptable or dangerous behavior for acceptable behavior by helping the child to pay attention to or focus on something else that is equally or more appealing.
    - Children up to two years old can easily be distracted to change their behavior like playing with a toy instead of the electrical outlet.
    - Some behaviors just need to be redirected to an appropriate place such as having a child jump on a trampoline instead of on the bed.
  - Reverse attention
    - Attention is a powerful reinforcer to guide children in a positive or negative direction.
    - Ignore the negative behavior when possible and reinforce the positive behavior.
    - Catch the child doing the expected or desired behavior, even if it is a really little thing or done in a really little way, rather than always getting after them for doing the undesired behavior or making poor choices. i.e.: if their room is always messy, but one day they happen to have a really clean corner, then make a big deal of the clean corner and ignore the rest of the room. Positive reinforcement is a great motivator and behavior changer.
  - Limited choices
    - Give children opportunities to make choices within the caregiver's limits.
    - Limit the number of options provided and be careful of the choices you give by making sure that you can really stand by it.
    - When children are allowed to make their own choices, even if it is within your limits, they not only get practice in making decisions, but they feel in control of the situation and are more willing to do what was asked.

- Time out / time away / the happy chair or place
  - Remove the child from the situation that is causing the heightened emotion until they have calmed down and are in control of themselves.
  - Time out is to be used sparingly and only after other guidance techniques have been applied.
  - Use a place where there are no distractions or positive reinforcers that make the time out a fun and desired place to be. The child should not be talked to or reasoned with while they are having time away. A caregiver could call the time out chair a “happy chair” where children can try to find their happy self.
  - Time out is to be one minute for each year of the child’s age. i.e.: A 3 year old gets 3 minutes or until they have calmed down.
  - Once the child has calmed down, explain to them why they are in time out and what behavior will be expected from them from now on. If the behavior happens again, do not give reminders, but repeat the time out process.
  - Make an extra effort to notice when the child makes a better choice after time out.
- Encouragement
  - Encouragement is a form of positive reinforcement.
  - Praise and encouragement for the child’s positive actions is a better motivator than punishment. Children just want attention and when a caregiver only pays attention to negative acts then those are the acts you will continue to get. Pay attention to positive acts through praise and encouragement and you will get the positive acts more often.
  - Children act better when they know what they are doing right and what is expected of them.

**Objective 2:** Describe challenging situations and the skills needed to cope.

- a. Identify and discuss challenging situations which can cause stress in a child’s life.
  - stress results from any change in a routine that also includes happy events.
    - handicaps, new baby being born, starting school, grief, death, divorce, illness, moving, etc.
- Identify and discuss signs of stress in children related to the challenging situations.
  - biting, crying, power struggles, excessive attachment, fears, eating problems, increased sensitivity, etc.
- b. Describe childhood feelings dealing with challenging situations and identify coping strategies.
  - Children can usually understand what is going on.
  - Children need to be told the truth of the issue in a calm and reassuring way.
    - They may not need to know all of the details, but enough that their imagination will not run away with false information.
  - Children need to talk about their feelings.
  - Children tend to need more help and support through issues than adults.
    - Sometimes this support may need to come from an adult that is not involved in the situation.
  - Continue to take care of the child by providing Daily exercise or movement, Eating nutritiously, Having leisure time, Enjoying hobbies, Adequate sleep, Relaxation methods, Talking about feelings, etc.
  - The 5 stages of grieving. Have you ever lost an object or moved or had a change in a situation? You had to grieve for it the same way you would grieve for losing a person.
    - Denial and feelings of shock
    - Anger - Blame someone or something for what they did to cause this.
    - Guilt - Blame oneself for something they did in the last few months to cause this.
    - Bargaining - With other people or with God to not let it happen
    - Acceptance - Coming to terms, move on, adjusting to change
  - Challenging financial, illness, and moving situations
    - Children sense the change in actions and the tension associated with the situation.
    - Tell the children about the situation so they have time to adjust to the events it will bring.
  - Divorce
    - Reassure the child that they are still loved by both parents.
    - The child should not be blamed for the divorce.
    - Maintain as much stability in the child’s life as possible. (same school, same home, same routine, etc.)
    - Provide continuity in the child’s daily schedule and situation.
    - Children often believe that their parents will get back together again.
    - Parents should never belittle/bad mouth one another in front of the kids.

- Specific effects of divorce on ages:
  - Preschoolers (2-5 years)
    - Major theme: Fear of abandonment
    - Symptoms: sleep disturbances
    - What to do: Explain that custodial parent will always return.
  - Young childhood (5-9 years)
    - Major theme: Fear of being displaced
    - Symptoms: School & social Grief
    - What to do: Discuss fears
  - Adolescence
    - Major theme: Fear of own relationship failure.
    - Symptoms: Independence, promiscuous
    - What to do: Communicate.
- Death
  - Children dealing with death feel grief and need to express it.
  - Help Children understand that they will not die just because someone else has.
  - Reassure children by being specific about when you will return whenever you leave.
  - Under the age of 3, children usually think of death as if the person has gone on a short vacation and that they will be back. Death does not seem permanent to them.
  - Teach a child about death before the child is confronted with the death of a loved one.
  - Specific effects of death on ages:
    - Early Childhood (2-5)
      - Think it's reversible and that the person comes back (video game mentality), think little kids' can't die, egocentric (they caused it), don't understand forever, fear of abandonment
    - Middle Childhood (6-12)
      - Understand physical death causes (gun, attack, illness), think that death is irreversible, death is only for old, sick, and careless, still egocentric (won't happen to me), intrigued by details of death
    - Adolescence
      - Natural for all people, death results in bodily deterioration, feelings of invincibility (it won't happen to me), visualize being old or sick and dying, develops morals and values about death.
- c. Discuss childhood fears and strategies to deal with fears.
  - Respect the fears of the child and do not belittle the child over them.
  - Children tend to be most fearful between the ages of 2-7 years because they have an active imagination and cannot yet discriminate between real and unreal dangers.
  - Help the child overcome the fears; be understanding and comforting.
  - Using make-believe play to discuss and act out the fearful situations is a technique for dealing with and overcoming fears. Drawing pictures of the fear can also allow a child to deal with and talk about the fear.
- d. List and define the types of abuse.
  - Child abuse is anything that intentionally is aimed to hurt or harm a child.
  - Most child abuse is done by people the child knows and trusts.
  - Abuse may occur because the adult was abused as a child and so they are just repeating what was done to them, the adult does not know of any other methods for discipline or having a knowledge of appropriate child expectations, the adult is stressed and has reached their coping threshold so they take this out on the child, children with physical and mental disabilities are at risk for abuse, teens parents, immature parents, single parents, parents involved in alcohol and drugs, and parents living in poverty are more likely to be abusers, etc.
  - Emotional and verbal abuse – rejecting children, belittling them, blaming them or constantly scolding them, particularly for problems beyond their control, etc.
  - Physical abuse - intentionally causing injury to a child such as hitting, shaking, burning, biting, etc.
  - Sexual abuse – includes any inappropriate sexual behavior with a child, which includes touching, taking photographs, or inappropriate discussions, etc.
  - Neglect abuse – can be both physical and emotional. Failing to provide for a child's basic needs, which

include food, water, shelter, clothing, love, attention, medical, etc.

- e. Discuss reporting procedures for abuse.
  - Utah is a mandated reporter state. It is required by law to report any maltreatment.
  - All reports are kept anonymous.
- f. Identify local resources available for parent and/or child assistance.
  - To report contact child protective services, DCFS, or the local law enforcement.

## **STANDARD 7**

### **Students will examine issues related to the health and wellness of children.**

(Objectives may be integrated into each developmental age under standards 4 and 5.)

#### **Objective 1:** Identify health and wellness considerations for infants through preschoolers.

- a. Identify signs and symptoms of childhood illnesses.
  - Fever, lack of energy, difficulty breathing, persistent cough, severe headache and dizziness, prolonged diarrhea, constipation, or vomiting, and anything else that is not typical of the child.
- b. Describe common childhood immunizations.
  - Communicable diseases are diseases that can be passed from one person to another i.e.: chicken pox
  - Immunizations can prevent and protect from communicable diseases.
    - The person is given a shot, or other form, (vaccination) of a weakened small amount of the disease so that the body might build up a resistance to it.
  - Immunizations will often cause a low-grade fever, irritability, and tenderness, redness, and/or swollen in the sight of the vaccination.
  - Immunizations that children should receive before they turn two, five, and twelve.
    - MMR (Measles, Mumps, Rubella), DPT(Diphtheria, Tetanus, Pertussis), HIB (H. influenza type B), Hepatitis B, Varicella(chicken pox), Polio, Pneumococcal, Hepatitis A, & a yearly influenza shot is recommended to be administered. A tetanus and diphtheria shot should be repeated every ten years.
    - Most childcare centers, preschools, and public schools require children to be caught up on their immunizations prior to enrolling.
- c. Identify basic first aid practices.
  - Bumps and bruises – apply cold for about 10 minutes and then elevate, if possible.
  - Minor burns – when the burned area is pink or red (1<sup>st</sup> degree burn), place the burned area under cold water or apply cold to it. Keep it dry and clean and do not apply ointment or lotion to the burn. If the burned area is red and blisters form (2<sup>nd</sup> degree burn), place the burned area under cold water or apply cold to it. Keep it dry and clean and do not apply ointment or lotion to the burn and never pop the blisters.
  - Minor Bleeding – apply direct pressure to the wound to stop the bleeding. Dry the wound, apply a medicated ointment to prevent growth of germs, and cover the area with a bandage.
  - Nosebleeds – Sit or stand leaning slightly forward over the sink. Apply pressure to the lower part of the nose by squeezing for about 10 minutes. Release your fingers to see if the bleeding has stopped and repeat, if it has not.
  - Poisons – call poison control and they will tell you what steps to take.
  - Choking – If the child is coughing, encourage them to cough. This should help to dislodge what they are choking on. Never smack a coughing person on the back, unless you've been trained in first aid and you're giving back blows. This could cause the item that is making them cough to become lodged which could cause choking. If the person is not making any noises or they are struggling to breath, making high pitched noises or gurgling sounds then they might be choking. If this occurs, then rescue techniques (alternating back blows and abdominal thrusts) are to be applied based on the age of the person.
  - Insect, plant irritation, or animal bites - wash with soapy water and apply medicated ointment. If the animal bite breaks the skin, watch the site for risk of infection
  - Insect sting, splinter, or minor puncture – Wash the area with soap and water, remove the stinger, sliver or minor puncture object, apply a cold pack to the area, and cover with a bandage. Watch the person and the area for any allergic reactions or infections.

#### **Objective 2:** Identify safety considerations for infants through preschoolers.

- a. Discuss the importance of car seats.
  - Know current state seatbelt and car seat laws concerning children of all ages.
  - Children under 12 should not sit in a seat where there is an airbag, even if the car can manually turn off the airbag.

- The safest place for a car seat is in the center of the back seat of the car.
- NEVER leave a child alone in the car no matter what the age. Even children who are old enough to get themselves out of a car can panic and not be able to get out, especially with the new child safety locks.
- b. List appropriate child-proofing strategies.
  - Childproof the house so that the child is protected from possible dangers and has the freedom to explore without risk of encountering hazardous objects and materials.
    - This is best done before the child learns to first move around. (roll, creep, and crawl)
  - Keep children away from candles, fireplaces, stovetops, and anything that could cause burning.
  - Make sure the water temperature is set to 110-120 degrees Fahrenheit.
  - Place all poisonous substances and medications high on a shelf and locked up.
  - Keep floors and stairs free of clutter to prevent falls. Use safety gates on stairs.
  - Place caps over all electrical outlets and place cords out of reach. Unplug appliances not in use.
  - Place screens and safety latches on all windows. Use window blinds with safety features and keep blind cords away from children.
  - Toys should be:
    - Age appropriate, appropriate for the level of development, engage as many senses as possible at one time, and have multiple open ended uses.
    - Use non-toxic paint, sturdy construction, working parts, throw away broken toys.
    - Children under 3 should avoid toys that are small or have small parts that can be swallowed and cause choking. General rule: if it fits in a toilet paper tube, it is too small for them.
    - Purchase washable toys and clean them regularly

# CHILD DEVELOPMENT VOCABULARY

literacy nurture commitment preparedness biological financial educational social/emotional physical development social development emotional development cognitive development moral development motor skills fine motor gross motor growth development interrelated proceeds simple-to-complex head-to-foot near-to-far continuous orderly individual rate similar socialization self-concept self-concept cycle insecure characteristics self-reliant appropriate heredity environment nature theories research child development Erik Erickson autonomy shame initiative guilt Jean Piaget sensorimotor preoperational object permanence	negativism temper tantrums jealousy sibling rivalry self-help skills conservation fertilization conception prenatal analyze folic acid birth defects Down's syndrome PKU Muscular Dystrophy Fetal Alcohol Syndrome Neural Tube Defects Cleft Palate/Lip Club Foot/Hand chromosomes genes trait preventions x-linked (sex-linked) multi-factorial chromosomal error syndrome dominant genes recessive genes hereditary environmental congenital malformation ultrasound amniocentesis fraternal identical conjoined menstruation ovulation ovum ovary fallopian tubes uterus endometrium cervix vagina perineum complications toxemia pre-eclampsia	placenta previa STDs/STIs miscarriage (spontaneous abortion) stillbirth premature low birth weight trimester zygote embryo fetus umbilical cord placenta amniotic fluid amniotic sac quickening lightening natural childbirth vaginal/birth canal womb epidural anesthesia C-section station dilation expulsion afterbirth effacement episiotomy crowning delivery contractions bloody show forceps obstetrician-gynecologist midwife postpartum lanugo vernix breech neonate fontanel circumcision Apgar test and scale reflexes startle/moro sucking rooting babinski	tonic neck failure to thrive (attachment disorder) bonding infant Shaken Baby Syndrome jostle Sudden Infant Death Syndrome toddler preschooler solitary play on-looker play parallel play cooperative play crawling creeping cruising stranger anxiety separation anxiety sorting classifying seriation transformation reversal reality fantasy discipline guidance punishment misbehavior natural curiosity appropriate for child's age do not know any better attention feeling inadequate revenge need to belong power setting limits consequences– natural and logical redirection distract time out punishment guidance discipline positive reinforcement
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egocentrism bumps and bruises burns bleeding choking poisons insect bites child-proofing	Rh factor abuse sexual physical emotional neglect humiliating intimidating ridicule	grasping reinforce communicable diseases childhood immunizations fears coping	positive statements consistency modeling reverse attention limited choices
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