



## **Nine Months in Six Weeks**

Curriculum Unit 82.07.09  
by Karen Battle

Since I have the opportunity to teach Family Life Education to middle school children, I felt it would be helpful to continue along the same lines and develop a unit on pregnancy considering both the mother and fetus. This unit will be developed to teach grades 7-9.

Most of us are aware that the age for teen pregnancies is getting lower and it is a cause for alarm. Although we can't stop teens from becoming sexually involved or even getting pregnant, I feel it is to their advantage to arm them with as much knowledge as possible.

So much is happening to teens today even if they don't become involved, they see things happening all around them, they have questions about what they see or even what they experience. Often it is not their parents they approach with these questions, it is their friends, who, many times don't have the right answers to give their peers. So this unit is written to give the correct information.

It is advised to start this unit by giving a pre-test that will help both the teacher and the students to find out exactly how much of a basis they both have to work with as far as pregnancy and childbirth go. Then the unit will start with conception, signs and tests for pregnancy. To give the students a general overlook on the developing fetus and its effect on the mother, I plan to go through fetal development. It can be extremely helpful to the student to learn first, what is happening to the fetus in its forty weeks of development, to be able to relate information that will be given at a later time and it's necessary so the student can see the importance of each of the months of fetal development. It would be helpful to have either plastic models of fetal development or transparencies to keep the student interested in the class discussion that will be going on.

After discussing fetal development then it ties in to go back and cover how the mother's habits or activities will have an effect on the fetus. So many times people, are not aware of the possible consequences the mother's activities will have on the fetus. To cultivate this awareness, I will use class discussions and filmstrips or slides with the hopes that at some other time, either when they (the girls) are pregnant or even friends or family, they will be able to relate this information to friends or family. Habits that affect fetal development such as smoking, drinking, taking drugs, caffeine, or antibiotics, or even inherited defects that affect the fetus.

This unit also includes a section that will be able to tie into foods and nutrition. Statistics have shown that the mother's diet does have an effect on fetal development and can go so far as to affect the mental development or capacity of the unborn fetus. Again, developing an awareness of these possible effects the mother's

nutritional habits will have on her baby, will hopefully help both male and female students to see how important it is to eat right and they may be able to apply this knowledge at a later time. The students will be able to look at and examine a regular diet for a pregnant woman or one for a woman with diabetes or other physical problems. Along the same line it is good to stress how too much weight can affect the mother and fetus or how losing weight can affect the fetus.

Something that the student can relate to is how teen pregnancy can affect both the teen and fetus. I feel it is very important to talk about teen pregnancy since there is a high number of our teens who get pregnant not too long after leaving the middle school level, and if there is the possibility that one pregnancy can be prevented than this should be presented. It can come in handy to use statistics on the percentage of teens who give birth to one child who will have another in a certain period of time. This unit also touches on the higher incidence of certain types of birth defects and problems during pregnancy for teens as compared to a woman in her twenties.

This unit will also touch on tests done on the mother during pregnancy such as ultrasound, amniocentesis, fetoscopy, and AFP. How the tests are done, when they're done, and why the tests are done will be examined. As much knowledge as it's possible to give our children, we should give to them. If some of these tests are something that they might have to experience then they should be touched on. All of us are curious about what certain things are, it's good to know what these things involve.

Myths should be covered to dispel many wrong concepts that people have about pregnancy and how certain things will affect the baby. To round out pregnancy, childbirth and lactation should be covered also. Childbirth will include signs of labor and the stages of labor. We will also look at the different types of childbirth available to women and the pros and cons of each type, just about all aspects involved in childbirth.

## **SPECIFIC OBJECTIVES**

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At the conclusion of this unit the student will be able to:

1. List four signs of early pregnancy.
2. List two tests for pregnancy.
3. Describe in their own words what an abortion is.
4. List and describe in their own words two types of abortions.
5. Describe four facts about fetal development.
6. Tell the name of the developing baby in the first two months of pregnancy.
7. Tell the name of the developing baby for the third through the ninth months.
8. Describe the importance of eight of the nutrients.
9. Plan one weeks menu of balanced meals for a pregnant woman two months pregnant and seven months pregnant.
10. Plan and prepare a balanced breakfast and lunch for a pregnant woman six months pregnant.
11. Plan and prepare a balanced breakfast and lunch for a diabetic woman the last half of her pregnancy.
12. Compare the differences in diet for a regular pregnancy as compared to a diabetic pregnancy.
13. Tell why a teen is risking becoming pregnant at 15 as compared to a woman in her 20's.

14. Describe two reasons why ultrasound is used.
15. Tell the purpose of amniocentesis and describe how it's done.
16. Describe a fetoscopy and why it's done in their own words.
17. Describe three myths of pregnancy and tell why they are not true.
18. Tell how many stages to labor there are.
19. Describe what happens at each stage of labor.
20. Tell three types drugs a woman the option of using during childbirth.
21. Describe what these types of drugs do to the mother. (how they help)
22. Tell what is meant by natural childbirth.
23. Tell two advantages about breastfeeding.
24. Tell two disadvantages about breastfeeding.
25. Tell the name of the yellowish fluid that comes from the breast during pregnancy and just after childbirth.
26. Tell how long it takes before the milk comes in.

## **BACKGROUND FOR TEACHER**

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### **CONCEPTION**

Conception can be described as the moment the sperm cell and egg cell unite. People differ as to whether this united cell is considered to be a human life or not.

### **SIGNS OF PREGNANCY**

Some of the early signs of pregnancy in the woman are the missed menstrual cycle, tender or soreness in the breast, being more tired than usual, frequent urination, heavier vaginal discharge than is normal, morning or evening sickness or nausea. It is good to note in class that not everyone will go through these symptoms, even to the point that there have been rare cases where a woman didn't even know she was pregnant up to and including labor until she went to the hospital for some other reason and gave birth to a child.

### **TESTS FOR PREGNANCY**

There aren't many test given to women for pregnancy but some tests are:

#### *THE RABBIT TEST*

This was a test developed in the 1920's by injecting the suspected pregnant woman's urine into the ovaries of a female rabbit, after 48 hours the ovaries would be removed and examined, if the ovaries of the rabbit had changed in some way the woman was diagnosed as being pregnant. In most places other tests are done instead of this one.

#### *THE URINE TEST*

Urine tests are done after the woman's menstrual cycle is two weeks late. A chemical or two chemicals are added. In the case of the at home pregnancy test if a brown ring appears the woman is pregnant. The other test places urine on a slide with two other substances; if the mixture coagulates the woman is pregnant.

#### *THE BLOOD TEST*

A sample of the woman's blood is combined with radioactive materials. A special instrument which measures the level of a certain substance called H.C.C. can tell if the woman is pregnant. This test can detect pregnancy before most pregnancy tests, even seven to nine days after conception. Since this test involves expensive equipment it may be done for women who might have to have surgery, x-ray or drug treatment, if they are not sure they are pregnant.

#### *THE PROGESTERONE TEST*

This test shouldn't be considered by anyone who would want to bear a child because it could have an adverse affect on the fetus. The woman is given doses of progesterone for a few days; her period would start 2-7 days after her last dose if she isn't pregnant.

### **TERMINATION OF PREGNANCY**

#### *ABORTION*

Abortion is defined as the expulsion of a fetus before it is viable. There are two general types of abortion: (1) spontaneous, when the woman's uterus by itself expels the embryo or fetus (this is also called miscarriage); and (2) induced, when outside means are used to intentionally expel the embryo or fetus. It has been found that after two or three abortions the cervix can be damaged or scar tissue can be produced in the fallopian tubes, these events could lead to inability to have a child. The types of induced abortion that will be explained are: vacuum suction (vacuum aspiration) abortion, D & C (dilation and curettage) and induced labor abortion.

#### *VACUUM SUCTION*

This is usually done from 7-12 weeks from the last period. It is usually done either in the doctor's office, clinic, or hospital. The cervix is dilated until a vacurette can be passed into the uterus. The free end of the vacurette is attached to a flexible tube leading to the vacuum aspirator, an electric or sometimes mechanical pump. The suction of the aspirator frees the fetal tissue from the uterine wall and pulls it through the tube and out of the body into a small container within the aspirator. The procedure usually takes about 10 minutes.

#### *D & C*

This is usually done from 8-12 weeks and sometimes as late as 15 weeks from the last period. The cervix is dilated as with the suction method. The D & C requires more dilation of the cervix. After dilation the doctor uses a curette, a metal loop on the end of a long thin handle, to loosen the uterine lining, removing the fetal tissue, with forceps. This used to be the best method for the first trimester but has been basically replaced with the vacuum suction abortion.

#### *INDUCED LABOR ABORTION*

This is usually done from 16-24 weeks after the last period. An abortion causing solution or drug is injected into the amniotic sac, or bag of water which surrounds the fetus. Alternatively, a drug, prostaglandin, can be put into the vagina. Several hours later contractions cause the cervix to dilate and the fetus and placenta to be expelled.

FOR INFORMATION ON BIRTH DEFECTS BOTH ON SUBSTANCES THAT CAUSE DEFECTS AND INHERITED DEFECTS, PLEASE READ THE FRAULO AND KASSUBA UNITS.

#### **FETAL DEVELOPMENT**

1st MONTH—It is called an embryo, the backbone and head are formed.

2nd MONTH—The face, eyes, arms, ears, nose, legs, fingers, toes, elbows, and knees.

3rd MONTH—It is now called a fetus, 3 inches long, fingernails, toenails.

4th MONTH—The sex of the fetus can be easily distinguished, 6 inches long and weighs about 6 ounces. There is a slight movement of fetus.

5th MONTH—Fetal movements can be felt and the heartbeat detected, fetus is 12 inches long and weighs 1 lb. If born now might live a few minutes, but cannot survive.

6th MONTH—The fetus can detect certain sounds, eyelashes and eyebrows are visible, weighs 1.5 lbs. and is 12 inches long.

7th MONTH—The fetus' eyelids are open, weighs just under 4 lbs. and is 6 inches long.

8th MONTH—The fetus has a sense of taste, its length is 18 inches and the weight something over 5 lbs. A baby born at this time has a 90% chance of survival.

9th MONTH—The weight gain is rapid, the body is plump, it is 20 inches long and weighs about 7 lbs.

### ***NUTRITION DURING PREGNANCY***

It has been found that diet does play an important part in the development of the fetus. Mothers who have an inadequate diet are more likely to deliver low birthweight babies who have a higher mortality rate. The lower the birthweight the greater their mental handicap is liable to be. A good diet during pregnancy should include:

#### *PROTEINS*

Proteins, by providing amino acids, aid in the building of tissue, a solid placenta and a strong uterus. It keeps blood sugar at a high level.

#### *VITAMIN A*

Vitamin A builds resistance to infection, strengthens mucous membranes and also helps in giving good eyesight. Vegetables are also good in keeping the bowels regular.

#### *B VITAMINS (there are several)*

B vitamins maintain good appetite, digestion, maintain sound nerves and prevent skin problems, lack of energy, constipation, and changes of pigmentation in skin.

#### *VITAMIN C*

Vitamin C builds a strong placenta, takes care of poisonous substances produced by bacteria and viruses and takes the poisonous substances from junk food. It also helps to absorb iron and solidify urine.

#### *VITAMIN D*

Vitamin D works with calcium to strengthen bones and tissues. It also helps calcium to be absorbed from the blood into tissue and bone cells.

#### *VITAMIN E*

Vitamin E is part of the control system for how oxygen is used in your tissues. It also aids in healing and plays a part in the breakdown of vitamin A.

## *VITAMIN K*

Vitamin K is necessary for blood clotting.

## *FOLIC ACID*

Folic acid is essential for protein and nucleic acid synthesis in early pregnancy. It is also necessary for blood formation and the formation of new cells.

## *IRON*

B vitamins are needed to properly use iron. Iron being a main component of hemoglobin and blood hemoglobin, helps to carry oxygen to cells and to the fetus. The baby also draws on the mother's iron reserve to store iron in its liver to last for the length of time before adequate dietary iron is available after birth.

## *CALCIUM*

Calcium helps to prevent sleeplessness, irritability, muscle cramps, nerve pains and uterine ligament pains.

## **DIABETES IN PREGNANCY**

The basic problem in dealing with diabetes in pregnancy is the meticulous and exact control of diabetes. Problems that arise such as stillborn babies, babies with birth defects or critically sick mothers, can be avoided if the diabetes can be strictly monitored throughout pregnancy. The insulin requirements of the mother vary during pregnancy so that a woman will have her dosage changed several times throughout pregnancy. There needs to be a careful stabilization of both drugs and diet because an uncontrolled diabetic is open to all sorts of complications.

The majority of diabetic women were delivered at the thirty-sixth or thirty-seventh week until recently because their babies tended to die in the uterus, as a result of the adverse affect of the diabetes on the placenta, or because the baby tended to grow to a very large size.

Now estimations of estriol and other hormone levels will indicate those babies which they should be delivered. Excessively large babies may be delivered by cesarean section thirty-eight or thirty-nine weeks.

## **TEEN PREGNANCY**

Teenagers, especially those who are under 15, are at risk of very serious health problems and their children at risk of developing mental disabilities more so than when compared with the average population.

The reason why teens who are under 15 are at more risk in developing problems is that their bodies must compete with the fetus, for nutrients. Many teens diets are not good and when combined with the frequent failure to seek prenatal care when they discovered they were pregnant, the following facts have been observed about these teens:

1. Babies born to teenagers are almost three times as likely to die during the first year than babies born to mothers in their twenties.
2. Babies born to teenagers are more likely to be born with or develop childhood illnesses than infants born to mothers in their twenties.

3. Maternal death is far higher for the teenage mother than for women in their twenties.
4. Statistics show that 44% of all adolescent women who become pregnant are pregnant again within one year of their first pregnancy.

## ***TESTS THAT CAN BE DONE ON THE MOTHER DURING PREGNANCY***

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### *ULTRASOUND*

This method works on the principle of naval sonar by bouncing sound waves off the fetus. The echo is converted into electronic signals which are then converted into a screen image. The ultrasound has no known risks of harm to mother or baby, unlike x-rays. The equipment allows doctors to see the fetus's organs, to count the number of fingers and toes, to find the genitals and to see whether the fetus is developing normally. Ultrasound is used during fetal surgery since doctors can not otherwise see the fetus. It is also used late in pregnancy to determine the size, position and physical appearance of the about to be born baby.

### *AMNIOCENTESIS*

This is a procedure that allows doctors to examine the cells of an unborn child to see whether or not it is afflicted with Down Syndrome or any of a variety of serious genetic disorders.

The doctor passes a hollow needle through the mother's abdomen into the uterus to withdraw the amniotic fluid. This fluid that surrounds the fetus contains cells and other material shed by the fetus. The fluid is then analyzed for chromosomal or metabolic abnormalities to see if genetic defects are present. The expected baby's sex can also be revealed. Amniocentesis is usually done between the fourteenth and eighteenth week of pregnancy. With the help of ultrasound, the doctor can closely control the placing of the needle.

### *FETOSCOPY*

Not only can amniotic fluid be extracted but a sample of blood can be taken from the umbilical cord or the placenta and the baby can be viewed with a fetoscope.

A fetoscope is inserted through a tiny incision in the abdomen and a tiny lens in the fetoscope can view parts of the baby, along with extracting blood from the cord or placenta to permit accurate identification certain disorders. There is a chance of fetal loss of about 1 in 20.

### *AFP*

A fetal protein called AFP can be measured in a pregnant woman's blood at 15 to 18 weeks of pregnancy to help detect some birth defects and learn other things about the health of the pregnancy.

### *MYTHS*



Some people believe that if a mother overindulges in strawberries or drinks wine the baby will have strawberry marks or wine blotches on his skin.

Because there is no connection between the nervous systems of the mother and her baby, the mother's thoughts cannot have any direct effect on her baby.

There is another belief that prematurely born babies are doomed to physical and mental weakness for the rest of their lives. Unless there has been some damage to the baby's brain at birth, there is no evidence whatsoever that prematurity will have any effect on the baby's development other than to slow it down somewhat during the first year or two of life.

Some people believe that if the mother reaches or stretches a lot then the umbilical cord will wrap around the baby's neck and strangle it. Actually, there is very little chance of the umbilical cord choking the baby.

Some other old wives' tales that the teacher may want to discuss and explain would be things such as: Don't lift things, don't swim, don't take baths, don't play sports, don't travel, don't fly, don't dance, Don't touch cats, and don't have intercourse.

## **CHILDBIRTH**

### *THE THREE STAGES OF LABOR*

The first stage. The uterus undergoes regular contractions, the amniotic sac breaks, and the cervix becomes fully dilated (about 4 inches)

The second stage—The baby is born.

The third stage—This occurs when the placenta separates from the wall of the uterus, is expressed into the vagina and then delivered.

## **DRUGS USED IN CHILDBIRTH**

### *BARBITURATES*

Barbiturates and tranquilizers do not have any pain relieving properties per se. What they do is relieve tension and anxiety and induce a state of mental tranquility.

### *AMNESICS*

Amnesics are drugs like scopolamine, which don't stop sensations at the time but erases the memory of them later. The use of scopolamine is now frowned on because it causes some women to become physically violent.

### *ANALGESICS*

These are central nervous system depressants. They depress not only the sensation of pain, but other nervous mechanisms as well, including respiration. Today demerol is the most popular analgesic.

## **ANESTHETICS**

These numb sensations of pain either by rendering a woman unconscious or by blocking the pathway from the sensory nerves to the brain (conduction). Conduction anesthesia is also called regional or local, because it affects only part of the body; the patient remains awake but does not feel pain in the areas that have been anesthetized.

For conduction anesthesia, one of the “-caine” drugs (novocaine, marcaine, xylocaine, and so on) is injected either locally, within the spinal column or outside the dura (the tough membrane which covers the spinal cord). Types of local administration are the paracervical block is administered with an injection on each side of the cervix; the pudendal block involves an injection on each side of the perineal nerves.

Spinal blocks are administered by the anesthetic being injected into the spinal fluid surrounding the lower spinal cord. A needle is inserted between two vertebrae and a single dose given. Then the needle is withdrawn. Because spinal blocks stop labor, they can be administered only right before delivery.

Extradural blocks include the caudal and epidural. The point of injection for caudal anesthesia is the tailbone. For an epidural the injection is made between two of the lumbar vertebrae. In both cases the anesthetic is given continually rather than in one injection. Caudals or epidurals can be administered once labor is well established, generally around six centimeters and continued until after delivery.

## **NATURAL CHILDBIRTH**

This is a method of childbirth in which no medication or drugs are used. This method was developed by a man who believed that much of the pain women experienced in childbirth was brought on by fear, which produced tension, which in turn produced pain. He felt that by teaching what to expect and giving them specific techniques to use for relaxation, most of the pain could be eliminated along with the drugs.

## **BREASTFEEDING**

Breast milk is one of the most natural substances available to the baby. Even though the breasts become much fuller during pregnancy, the breast milk does not appear, in most cases, until 2-5 days after delivery. For those who want to feed their baby, they will breastfeed right away. The breast will produce a yellowish looking fluid called colostrum until milk production starts. The colostrum, like the milk, will help in protecting the baby from certain infections, by viruses and bacteria.

## **STRATEGY**

This unit has been divided into sections so that the person who uses it can adapt it to their own teaching style. The teacher can adapt the lesson from the background information provided. Six weeks of lesson plans will be provided also. The format is one of informal lecture, which can also involve drawing the class out by asking questions, showing movies, filmstrips, or slides and discussing them. To keep the students interested in the unit it is proper to always be sensitive to the needs of the class, answer all questions, if possible, if not let the student know you don't know the answer but you will do some research and get back to them with the answer.

Always remember that the students notice many things and if the teacher is not comfortable with a subject, that feeling can catch on to the students, then the teacher may not be able to draw the students out because he/she is not comfortable with the subject.

# LESSON PLANS

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## **NINE MONTHS IN SIX WEEKS**

### **WEEK ONE:**

#### **Day One**

1. Pass out and discuss objectives for course.
2. Explain purpose of pre-test and give it to students.

#### **Day Two**

1. Give students results of pre-test and discuss them.
2. Pass out index cards and have students write down three questions they have on pregnancy.
3. Give students a vocabulary list to keep in their notebooks.
4. Use the *Finding My Way* books to explain conception.
5. On the board have the class list together signs of pregnancy.

#### **Day Three**

1. Go over what was discussed the day before
2. Make a list on tests for pregnancy and explain each test.

#### **Day Four**

1. Again review information covered the two previous days.
2. Have students bring chairs together into a circle to answer questions that were written on index cards the first day.
3. Have students review work covered for the week as a review for a quiz at the end of the week.  
Reward the winning team.

## **Day Five**

1. Can have a short review with the class before quiz.
2. Pass out quizzes.
3. Have class correct quizzes together.

## *WEEK TWO*

### **Day One**

1. Discuss what will be covered for the week
2. Ask students for their definition of abortion and discuss how they feel about abortion.
3. Explain the meaning of abortion and go through the different types of abortions and how they are performed.
4. For homework have the students to write a paragraph explaining their position on abortion and have them give three reasons why they are for or against it.

### **Day Two**

1. Collect homework.
2. Discuss work covered the previous day.
3. Introduce the movie "Prenatal Development" from Planned Parenthood.
4. Discuss what was shown and have students to take notes on fetal development.

### **Day Three**

1. Discuss what was covered the previous day, show Time-Line Chart from March of Dimes.
2. Have students to finish notes on prenatal development relating it to the chart.
3. Pass out index cards and have students write down one question they have on birth defects.

### **Day Four**

1. Introduce film "Tomorrow Happens Today" by the March of Dimes.
2. Discuss the filmstrip by having the class list some of causes of birth defects.
3. Have students to record some of the causes of birth defects in their notes.

### **Day Five**

1. Have students to form a circle with their chairs to answer questions on birth defects.
2. Let the class know that a quiz will be given on the work covered for this week.
3. Review the work the quiz will be on.

## **WEEK THREE**

### **Day One**

1. Pass out quiz to class.
2. Collect quizzes and exchange the papers have the class correct them together.

### **Day Two**

1. Introduce and show movie "Great Expectations" from the March of Dimes.
2. Start to discuss the importance of good nutrition during pregnancy.
3. Have the students to take notes on the importance of each nutrient.

### **Day Three**

1. Review the information that was already covered the previous day.
2. Finish giving notes on the function of the nutrients during pregnancy.
3. Give students the basic guidelines for a balanced diet using the book *Child Birth* by Sharron

Hannon.

4. Homework—Have students plan an imaginary diet (for a week) for a normal pregnancy.

### **Day Four**

1. Group the students into small groups of three or four and have them plan a breakfast and lunch for a normal pregnancy.
2. Delegate responsibility to the ones in the group as to who will prepare the breakfast and who will prepare the lunch and who will set the table etc.
3. Have students to go into their respective kitchens and set up for the next day. Do as much as possible.

### **Day Five**

1. Students are to prepare a breakfast for a pregnant woman.

## **WEEK FOUR**

### **Day One**

1. Students are to prepare for the lunch for a pregnant woman.

### **Day Two**

1. Give students notes on diabetes in pregnancy.
2. Have them plan one weeks diet using the guidelines from the book, *Diabetes in Pregnancy* by Craber, Christman, Rawlings, and Boehm, in class.
3. Again have students to get into their small groups and plan to make a breakfast and lunch for a diabetic woman.
4. After assigning jobs to each student in the groups, have them set up their kitchens for the next day.

### **Day Three**

1. Students are to prepare breakfast for a diabetic woman.

### **Day Four**

1. Students are to prepare lunch for a diabetic woman.

### **Day Five**

1. Review with students the section on nutrition in pregnancy and diabetes in pregnancy to prepare them for a quiz on the next class day.

## **WEEK FIVE**

### **Day One**

1. Pass out quizzes to class.
2. Have class to correct the quizzes together.

### **Day Two**

1. Introduce and show movie *I'm 17, I'm Pregnant and Don't know What to Do* from Planned Parenthood.
2. Discuss the movie with the class, talk about the statistics that deal with teen pregnancy.

### **Day Three**

1. Discuss possible tests that may be done on pregnant women and have the students to take notes on it.
2. Discuss myths about being pregnant.

### **Day Four**

1. Talk about childbirth, have the students to take notes on the 3 stages of labor.
2. Introduce the movie *A Baby is Born* from Planned Parenthood.
3. Discuss the movie with the class.

### **Day Five**

1. Review the work that has been covered for the week.
2. Discuss with class the drugs that may be used in childbearing.

## **WEEK SIX**

### **Day One**

1. Review with the class the work that was covered on the last class day.
2. Finish the work that was covered, discuss natural childbirth and Cesarean section, have the class take notes.

### **Day Two**

1. Cover breastfeeding.
2. Review with the class everything that has been covered within the last week.

### **Day Three**

1. Have the class to review all work covered for the whole unit.
2. Let class know they will be having their final exam the next class day.

### **Day Four**



1. Pass out final exam for class to take
2. Have the class to correct the tests together.

### **Day Five**

1. Have class to take post-test and correct them together.
2. Discuss the results.
2. Have class to write an evaluation of the unit.

## **VOCABULARY LIST**

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CONCEPTION

PREGNANCY

ABORTION

RABBIT TEST

URINE TEST

BLOOD TEST

PROGESTERONE TEST

EMBRYO

FETUS

DIABETES

PRENATAL

ULTRASOUND

AMNIOCENTESIS

FETOSCOPY

UMBILICAL CORD

CESAREAN SECTION

AMNIOTIC SAC

## Bibliography for Teachers

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Miller, John Seldon, M.D. *Childbirth* . New York: Atheneum 1974.

This book discusses from conception through pregnancy and includes childbirth and afterwards.

McCary, James Leslie. *McCary's Human Sexuality* . New York: D. Van Nostrand Co. 1978.

Covers many of the physiological aspects of sexuality and includes a chapter that covers from conception through birth.

Bourne, Gordon with Danforth, David. M.D. *Pregnancy* . New York: Harper and Row. 1975.

This book covers nearly every aspect of pregnancy and is good for rounding out the teachers' background.

The Boston Women's Health Collective. *Our Bodies Ourselves* . New York: Simon and Schuster. 1976.

The book covers many topics including abortion, pregnancy, and childbirth.

Burt, John J. and Linda Brower Meeks. *Education for Sexuality* . Philadelphia: W.B. Saunders. 1975.

This book provides diagrams and a section on pregnancy, childbirth, and lactation. It also makes suggestions on teaching this subject in junior and senior high.

Guttmacher Reports: *Teenage Pregnancy: The Problem That Hasn't Gone Away*. New York: The Alan Guttmacher Institute. 1980.

This report tells of the nationwide findings and gives statistics on teenage pregnancy, teenagers bearing children, having abortions and many other topics. This can be ordered through Planned Parenthood.

Liley, H.M.I. M.D. *Modern Motherhood* . Random House. 1966.

Very simple and easy to understand looks at pregnancy from the mothers' point of view and the babies point of view.

## Bibliography for Students

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Draughn, Diane, Debra Jackson, Sheila Smith, Mary Sue Mallard, Joann Horton, Sharon Leathers, Brenda McMillian, Pamela Darden, Cathy Smalls, Diane Sellars. *Teens look at Pregnancy "The Way We Were"* .. New Haven, Conn. Polly T. McCabe Center. 1979.

Excellent booklet explaining from the teens point of view about pregnancy. It also talks about conception through childbirth.

Hurlock, Elizabeth B. PH.D. *Childgrowth and Development* New York: McGraw Hill Book Co. 1970.

This book has a good section on pregnancy, it even goes so far as to discuss some old wives tales.

Saxon, Burt and Peter Kelman. *Modern Human Sexuality* . Boston: Houghton Mifflin Co. 1976.

Very easy to understand, for the adolescent. It was written for teaching sex education but it does provide a basis for conception and pregnancy.

Bode, Janet. *Kids Having Kids: The Unwed Teenage Parent* . New York: Franklin Watts, Inc. 1980.

Easily understood by teens, it discusses the incidence of teen pregnancy and gives statistics and helpful resources.

Queenan, John T. M.D. *A New Life*. Van Nostrand Reinhold Co. 1979.

This is an excellent book, it does use complicated words but explains them. It covers up to the first year. It also covers after the child is born. It has pictures too.

Johnson, Eric. W. *Love and Sex in Plain Language* . J.B. Lippencott Co., New York. 1973.

This book has a small section covering from fertilization up to what a newborn is like.

Riker, Audrey and Charles. *Finding My Way* . Peoria, Illinois: Charles Bennett Co. 1979.

Excellent book for adolescents. It discusses many physiological aspects of puberty but it also covers pregnancy and childbirth.

## RESOURCES FOR THE CLASSROOM

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The following films can be borrowed from Planned Parenthood to use in class:

*A BABY IS BORN* 23 minutes long. The film follows a young couple having their first child. It also discusses problems common in first births.

*PRENATAL DEVELOPMENT* 23 minutes long. Covers conception through the development of the embryo/fetus and the development and functioning of the different organs.

*I'M 17 I'M PREGNANT AND DON'T KNOW WHAT TO DO* . 28 minutes long. The film discusses the problems of being a pregnant single woman and includes one true story.

*YOUNG, SINGLE, AND PREGNANT* 16 minutes long. This is a documentary that focuses on four young women who remember their experiences and their different solutions.

These films are available from the March of Dimes. To borrow them they must be ordered three months in advance.

*NOW THAT APRIL'S HERE* 19 minutes long. This film discusses prenatal diagnosis and treatment in the womb which enables the patient to live.

*UNFINISHED CHILD* 30 minutes long. This is a documentary dealing with the impact malnutrition on the mother, fetus, and the infant. It links the poverty cycle with the incidence of malnutrition.

*GREAT EXPECTATIONS* 22 minutes long. This film is on nutrition during pregnancy with a section on breastfeeding. It draws from women of all backgrounds.

The following audiovisuals can be purchased for a very reasonable price from the March of Dimes.

*TOMORROW HAPPENS TODAY* 19 minutes long. This filmstrip covers the importance of prenatal care and some of the many causes of birth defects. \$10.00

*THE ONE OF US (TWO PARTS)* This deals with environmental hazards to the fetus including all aspects of reproductive damage. It also shows the fetus in its different stages of development. \$25.00

*Other Media available from the March of Dimes for purchase or for free.*

Leaders Alert 30—Adolescent Pregnancy. Talks about the problems confronting adolescent mothers especially in terms of health hazards. Pamphlet. FREE

Be Good To Your Baby Before it is Born. Tells what every pregnant woman needs to know to help protect her unborn child.

Pamphlet. FREE

Recipe for Healthy babies. This a colorful folder that explains the benefits of good nutrition to both mother and baby. FREE

Time-Line Chart. This is a chart on fetal development. It shows month-by-month drawings of fetal growth. \$6.00 ea.

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