

## **Reflections on Prenatal Health and Development**

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PY202: Lifespan Development

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May 14, 2020

For my campaign, I would choose the following five aspects of prenatal health: smoking, drinking alcohol, STI testing and prevention, the importance of taking a folic acid supplement, and a push to encourage regular preventive checkups during pregnancy. The reasons behind these choices are simple: each of these influences can drastically affect the physical and mental health of a child, not only at birth, but throughout his or her life.

For example, smoking and using nicotine products during pregnancy puts women at risk for miscarriage and preterm birth. In infancy, children born to mothers who smoke have lower birth weights, higher chances of dying from sudden infant death syndrome (SIDS) and are more likely to suffer from colic. As they age, these children are more prone to respiratory diseases and ear infections (*Smoking and pregnancy: Understand the risks, 2018*). Alcohol consumption can be even more deleterious to a developing fetus. Drinking alcohol can lead to a group of conditions known collectively as FASD, or fetal alcohol spectrum disorder (Berk, 2018). In addition to physical abnormalities, children who suffer from FASD often have behavioral, intellectual, and/or developmental disabilities. They may also suffer from heart or kidney disease during their life because of exposure to alcohol during development. Since there is no conclusive evidence that any amount of alcohol is safe, the CDC recommends pregnant women abstain from alcohol entirely (CDC, 2018).

The next three aspects are closely interrelated. By promoting regular prenatal checkups, we could help to ensure women are receiving the proper nutrition and screened for any health concerns that might affect the developing fetus. For example, taking 400 mcg of folic acid daily lessens the risk of neural tube defects by 70% (NIH, 2017). By discussing such matters with an obstetrician, expectant mothers will understand the importance of taking daily prenatal vitamins.

During the visits, moms will also be checked for sexually transmitted infections (STIs) which can be harmful to the baby both before, during and after birth. For example, Herpes and HIV can be transmitted to a baby during vaginal birth, but the risk of transmission is drastically reduced if the baby is born via caesarian section. Through regular testing and being aware of her health status, a mother can make informed decisions regarding the best course of action regarding her baby's health (CDC, 2020). The visits also involve screening and treatment for other diseases such as diabetes and hypertension, and regular ultrasounds and exams help the doctor to assess fetal health and development.

As for the effects of natural childbirth on the relationship between a mother and her baby, it is important to understand that for much of the last century, pregnancy has been regarded as a medical issue, and has been treated as such. Labor and delivery, at least in the United States, are viewed as a clinical procedure and carried out in a hospital in most cases. Many women receive pain medications such as an epidural anesthetic to ease the pain of childbirth. Until recently, newborns were immediately taken from their mother, bathed, and kept in a nursery with other babies, only visiting mom to feed. With a new understanding of the importance of skin to skin contact, this perspective has shifted somewhat. Most newborns now sleep in a bassinette next to their mother throughout her stay in the hospital. With this shift, we are also seeing changes toward natural and even home births. One could argue that the sterile, clinical approach could have more lasting effects on the wellbeing of both the mother and child by depriving them of the natural process of giving birth and the immediate bonding that takes place. As discussed in chapter one of our text, Bronfenbrenner's theory places great importance on the environment and its role in development (Berk, 2018). By removing the family and positive natural environment of the birth process, and shifting focus to a cold, sterile hospital room, the many small factors

that play a role in the developmental process could be altered in drastic ways. In contrast, allowing mother to be an active participant in the birthing process, without the effects of medication, lets her listen to her body's signals to push, which has been shown to actually speed the process and sometimes avoid unnecessary complications and interventions. It also can allow childbirth to be a more family-centered event, reducing the number of third parties involved and provides valuable intimate bonding time. This, in turn, supports the bidirectional influence theory in that the positive, involved perspective of the mother thus influences the wellbeing of her newborn baby. Of course, this method is only appropriate in low-risk pregnancies, and ideally medical assistance should be obtained if mother or baby's conditions should change during labor.

Lastly, regarding the woman arriving at the hospital in labor: since she is a smoker, her baby will be at risk for low-birth weight. The infant may also have a low APGAR score, as these babies are at risk for breathing difficulties. Fetal monitoring would be an appropriate medical intervention to ensure baby is stable. If the infant is in distress, a caesarian section may be required to ensure a safe delivery. I would assume a doctor would want to avoid pain medications that may make the fetus groggy during or after birth, since these could lead to apneic episodes in an infant with respiratory distress.

## References

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