

Chapter 2

Biological Development in Infancy and Childhood

A. Describe the dynamics of human reproduction, including conception, diagnosis of pregnancy, fetal development, prenatal influences and assessment, problem pregnancies, and the birth process.

Human reproduction is a complex process involving ovulation, ejaculation, and conception.

Prenatal influences that affect the fetus include the mother's nutrition, drugs and medication, alcohol usage, smoking habits, age, and other factors such as specific illnesses (for example, rubella or AIDS) during pregnancy.

Methods of prenatal assessment include ultrasonography, fetal MRI, amniocentesis, chorionic villi sampling, and maternal blood tests.

Conditions that cause problem pregnancies are ectopic pregnancies, toxemia, and Rh incompatibility. Spontaneous abortions also occur periodically.

Stages in the birth process include initial contractions and dilation of the cervix, the actual birth, and afterbirth.

Birth positions include the most common vertex position, breech presentations, and transverse presentations.

Newborn assessment approaches include the Apgar scale and the Brazelton (1973) Neonatal Behavioral Assessment Scale.

Birth defects include Down syndrome and spina bifida. Other factors affecting development include low birth weight, prematurity, and anoxia.

B. Explain normal developmental milestones as children progress through infancy and childhood.

Children pass many developmental milestones as they grow older. Typical motor, play, adaptive, social, and language profiles for children at various age levels provide guidelines for assessment, although individual variations must be appreciated.

C. Explore abortion and infertility, two critical situations and life events that concern the decision to have children.

Two significant issues related to human reproduction are abortion and infertility.

Macro system policies and the battle between pro-choice and antiabortion forces affect service delivery.

Controversial issues include restricting access through legislation, limiting financial support, condition of the mother, fetal condition, violence against clinics, stem cell research, and intact dilation and extraction (often referred to by opponents as partial-birth abortion).

Significantly fewer abortions are performed today than in past decades.

Methods of abortion include vacuum aspiration, medication abortion, and dilation and evacuation. Illegal abortions pose significant health risks around the world. Major physical complications from legal abortion are rare.

Women who have had abortions generally experience no serious long-term psychological effects, although the decision to terminate a pregnancy is often a difficult and complex one. Men may also experience psychological distress following an abortion, a fact that is often ignored.

Proponents and opponents of abortion have developed arguments in support of their respective stances.

Many women face serious ethical dilemmas with respect to unwanted pregnancy. Professional social workers have an obligation to assist pregnant clients in evaluating the various alternatives open to them to empower them to make their own decisions.

Almost 12 percent of all U.S. couples are infertile. Leading causes of women's infertility are difficulties with ovulation, blocked fallopian tubes, and physical abnormalities such as fibroid tumors and endometriosis. Most male infertility is caused by a low sperm count, decreased sperm motility, and varicocele. Sometimes infertility results from a mixture of conditions shared by a couple.

People may suffer serious psychological reactions to infertility.

Treatment of infertility includes fertility drugs, microsurgery, artificial insemination (AI), in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), intracytoplasmic sperm injection (ICSD), and embryo transplants. Other alternatives include surrogate motherhood, adoption, and acceptance of childlessness.

An ethical issue is the cost of treatment, which limits access for those who are not wealthy. Social workers may assume many roles in helping people choose alternatives.

A feminist approach to treating infertile women emphasizes empowerment by dealing with the issue on a personal level and addressing general social attitudes about women and infertility.