

### **GROWTH PERIODS**

- CHILDREN
- ✓ Newborn: 0 –28 days after born (1 month)
- ✓ Suckling: 2 12 month
  - ✓ Common term: infancy

- $\sqrt{1-4}$  years old
- ✓ (Toddler 1 –3 years old)
  - ✓ Common term: early childhood

### **GROWTH PERIODS**

✓ 5 – 12 years old – late childhood

- ✓ Other special terms:
- ✓ Pre-school period 5 7 years
- ✓ School period younger, older

### **GROWTH PERIODS**

- ADOLESCENCE
- ✓ 13 20 years old
- ✓ The other special terms:
- ✓ Teenager -19 years
- ✓ Pubertas 11-15 years

## **Evaluation of child's development based on anthropometric parameters:**

### WEIGHT

- Birthweight: 2 500 3 800 g
- Double birthweight: 4-5 mo
- Triple birthweight: 1yr
- Quadruple birthweight: 2 yr

- Pecularity in newborn: Weight loss in first few days: 5-10% of birthweight
- Return to birthweight: 4 -7 days of age

### AVERADGE weights:

at birth: 3.5 kg

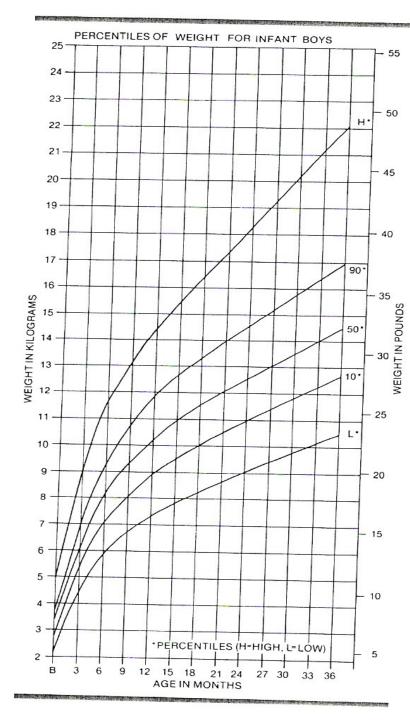
at 1 yr: 10 kg

at 5 yrs: 20 kg

• DAILY weight gain — important for evaluation of nutritional state:

20-30g for first 3-4 mo

15-20 g for rest of the first year



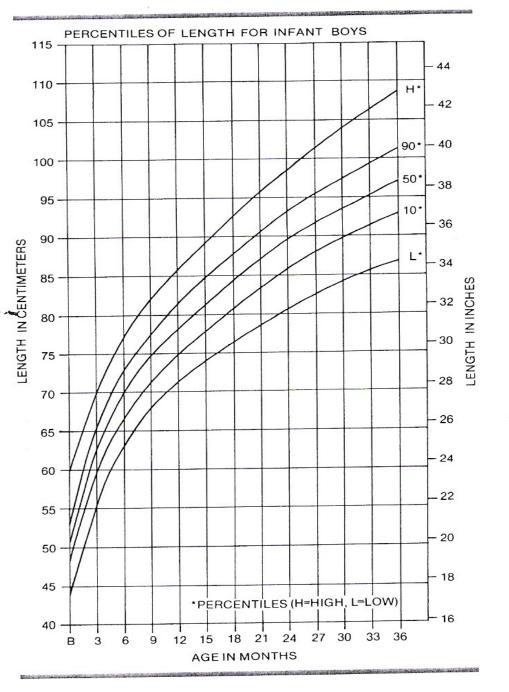
**Figure 1–9.** Weight by age percentiles for boys, ages birth to 36 mo, including highest and lowest values at each age. (From Pomerance HH: Growth Standards in Children. New York, Harper and Row, 1979, p 25.)

The graphs were constructed based on the measurements of a large number of children. The values were statistically processes and percentile curves were generated. Physiological development meaens when the value of the measured person is in the range of the 10th-90th percentille.

### HEIGHT

- AVERADGE length: 20 in (50 cm) at birth 30 in (75 cm) at 1 yr at age 3 yr, the averadge child is 3 ft tall at 4 yr, the averadge child is 40 in (100 cm) tall (double birth length)
- Averadge ANNUAL length increase: 2-3 in (5-7 cm) between age 4 yr and puberty

**Figure 1–8.** Length by age percentiles for boys, ages birth to 36 mo, including highest and lowest values at each age. (From Pomerance HH: Growth Standards in Children. New York, Harper and Row, 1979, p 29.)



# HAED CIRCUMFERENCE (HC)

- Averadge HC: 35 cm at birth (13.5 in)
- HC increases:
  - 1 cm per mo for first year
  - 2 cm per mo for first 3 mo, then slower

# Newborn according the weeks of gestation and birth weight

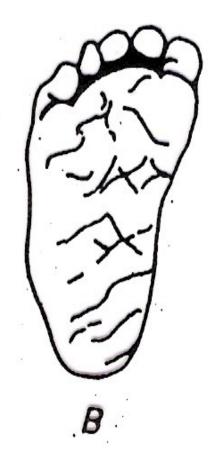
- Preterm infant (premature earlier than 38weeks of gestation)
- ✓ Low birthweight infants (LBW): less than 2 500 g
- ✓ Very low birthweight (VLBW): less than 1 500 g
- Full-term infant (38 40 weeks of gestation) birthweight 3 000 3 500 g, 48-52 cm length, head circumference 35cm
- Ower-term infant (41 42 weeks of gestation)
   4000 6 000g, 53 56 cm



A

36. tyden

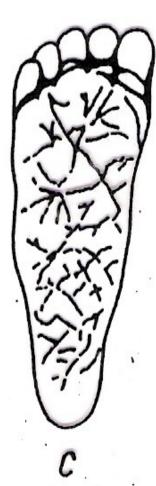
36th week



38. týden 38th week

Gestační věk week of gestation

(podle Ushera)



40. týden 40th week

The skin is covered by white muzzle – vernix caseosa





## Examination of newborn at the delivary room • Apgar score

Signs		Points	
	0	1	2
✓ Heart rate:	0	<100 /min	>100/min
✓ Respiration:	none	weak cry	vigorous cry
✓ Muscle tone	none	hypotonic-hyperto	onic limb flexion
✓ reflex irritabi	lity: nor	ne some motion	cry, withdrawal
✓ Color of body	: blue	pink body,	pink all over

blue extremities

• more than 50 years - determined the newborn hope of survival

now - as a recommendation for nursing practice



## TRANSITION FROM FETAL TO NEONATAL PHYSIOLOGY

- Specialities of fetal circulation:
- ✓ Placenta, where deoxygenated blood becomes oxygenated
- ✓1 Umbilical vein well-oxygenated blood
- ✓2 Umbilical arteries deoxygenated blood
- ✓ Foramen ovale
- **✓ Ductus arteriosus Botalli**
- **✓ Ductus venosus**

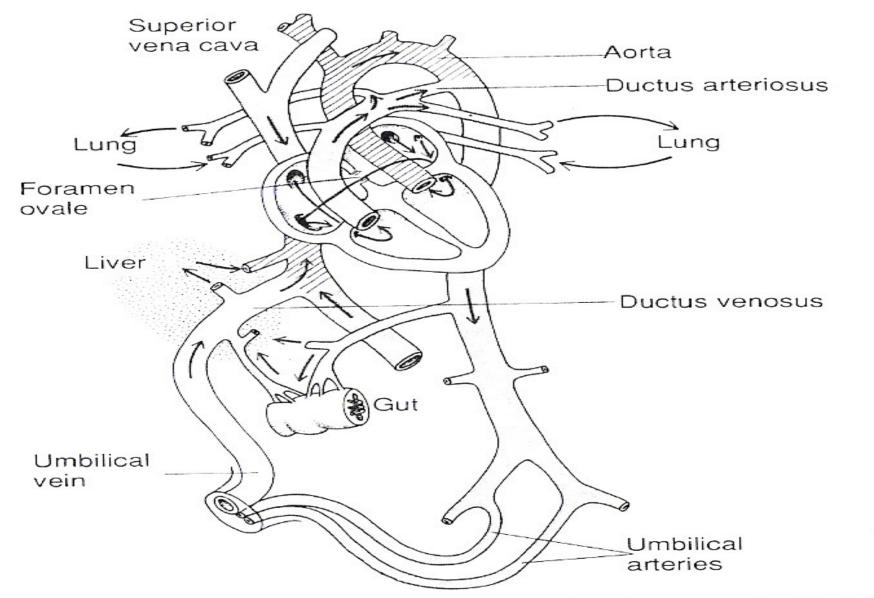


Figure 83–4. Organization of the fetal circulation. (Modified from Arey: Developmental Anatomy. 7th ed. Philadelphia, W. B. Saunders Company, 1974.)

### RESPIRATORY SYSTEM

<u>Respiratory movements</u> – started about 20 weeks of gestation

### • Surfactant secretion:

- ✓ A substance normally secreted into the alveoli that decreases the surface tension of the alveolar fluid, therefore allowing the alveoli to open easily during inspiration
- ✓ The surfactant secreting cells (the type II alveolar epithelial cells) started secretion about 20 weeks of gestation
- Estimation of pulmonary maturity: ratio Lecithin/sphingomyelin production 2:1
- Dicrease of surfactant: Respiratory distress syndrome

### NEONATAL JAUNDICE

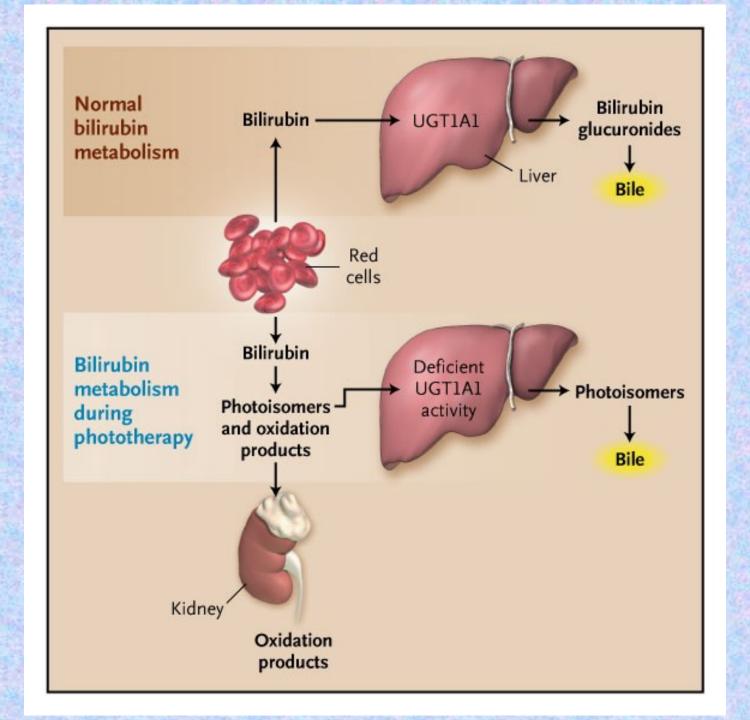
• Bilirubin formed in the fetus can cross the placenta into the mother and be excreted through the liver of the mother

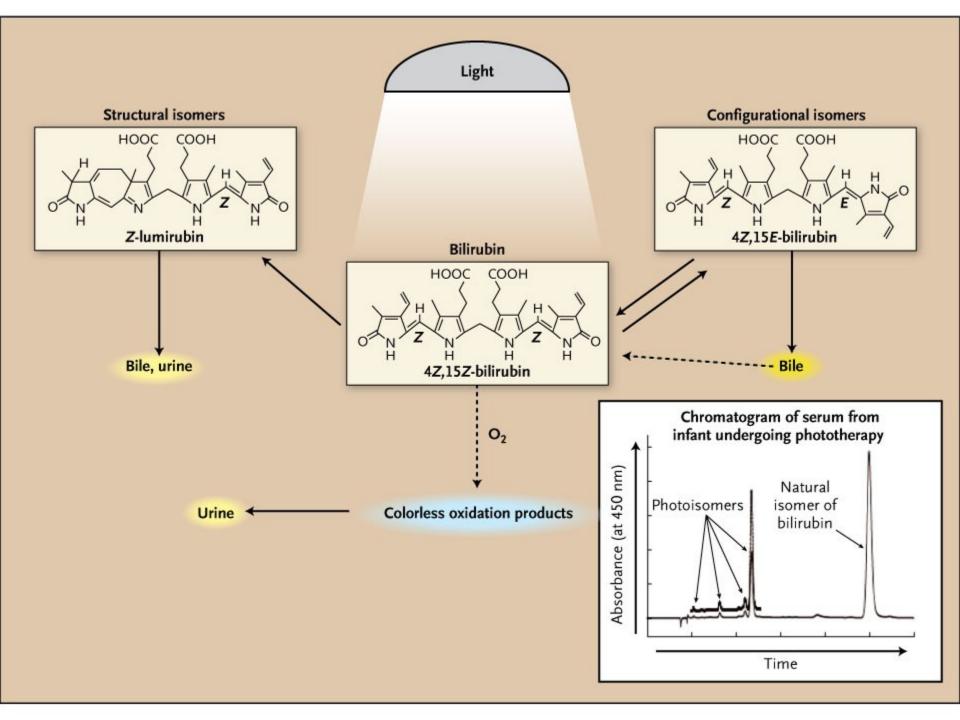
#### But

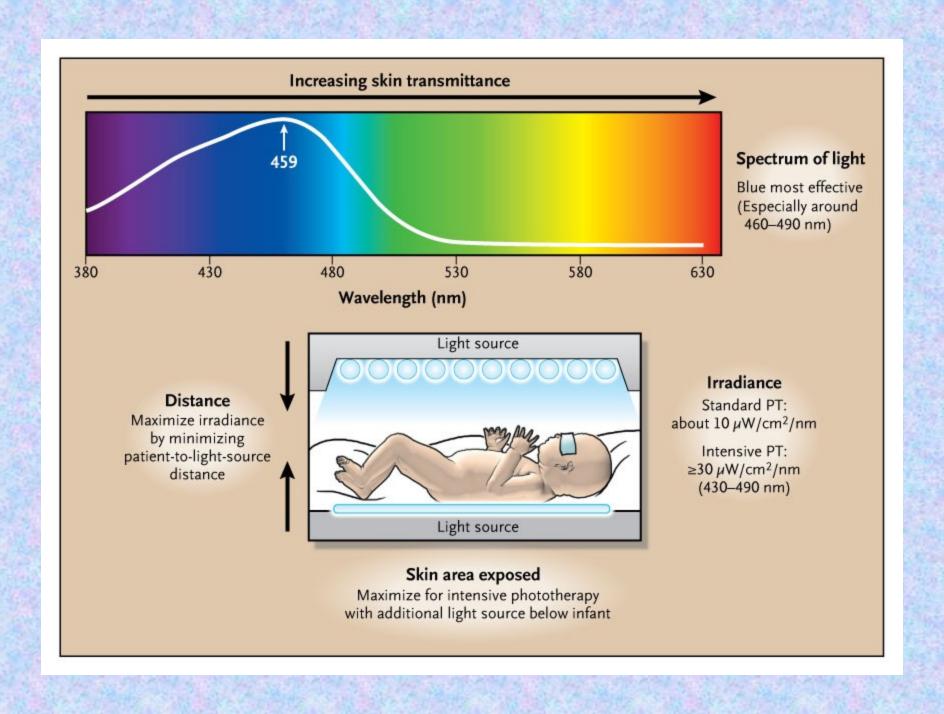
• Immediately after birth the only means for ridding the neonate of bilirubin is through the neonate's own liver, which for the 1st weeks has poorly functions (without any reserves), and decrease capacity for conjugating system of bilirubin and its excretion into the bile

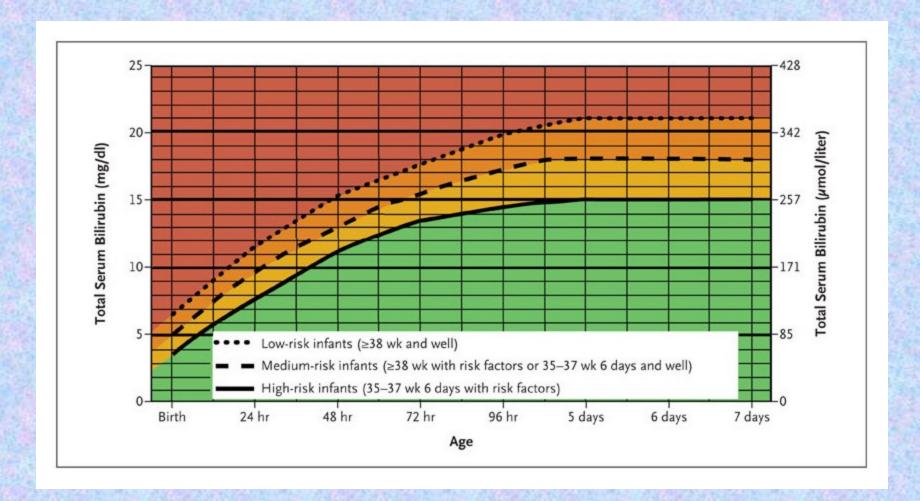
 The plasma bilirubin concentration rises during the first 3 days of life and then gradually falls back to normal as the liver becomes functional

 This condition called physiologic hyperbilirubineamia and it is associated with a mild jaundice of the infant's skin and especially of the sclerae of its eyes









### TEMPERATURE

- In utero thermoregulation of the fetus is performed by the placenta, which is as an efficient heat exchanger
- Fetal temperature is higher than the mother's temperature: about 38.5 °C
- After birth, the newborn infant begins life covered by amniotic fluid and situated in a cold environment: 20-25 °C
- An infant's <u>skin</u> temperature may fall 0.3 °C/min and the <u>core</u> temperature may decline 0.1 °C/min in the delivery room

- Because the body surface area is large in relation to body mass, heat is readily lost from the body
- The ideal environmental temperature is called as the neutral thermal environment: the ambient temperature resulting in the lowest rate of heat production and the lowest consumption of oxygen by the infants while maintaining normal body temperature
- 1 hour after birth: 33-34 °C
- 1 day after birth: 31-33 °C
- 1 weeks after birth: 27-33 °C

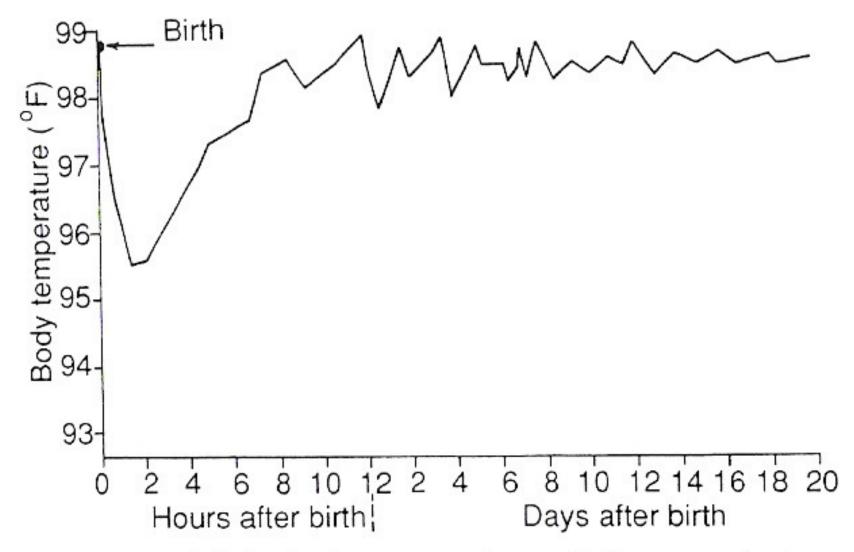
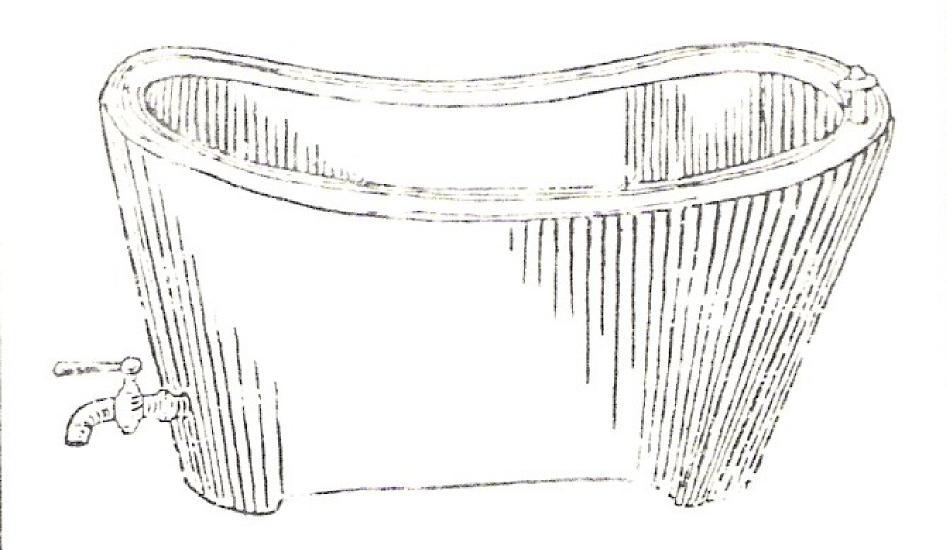
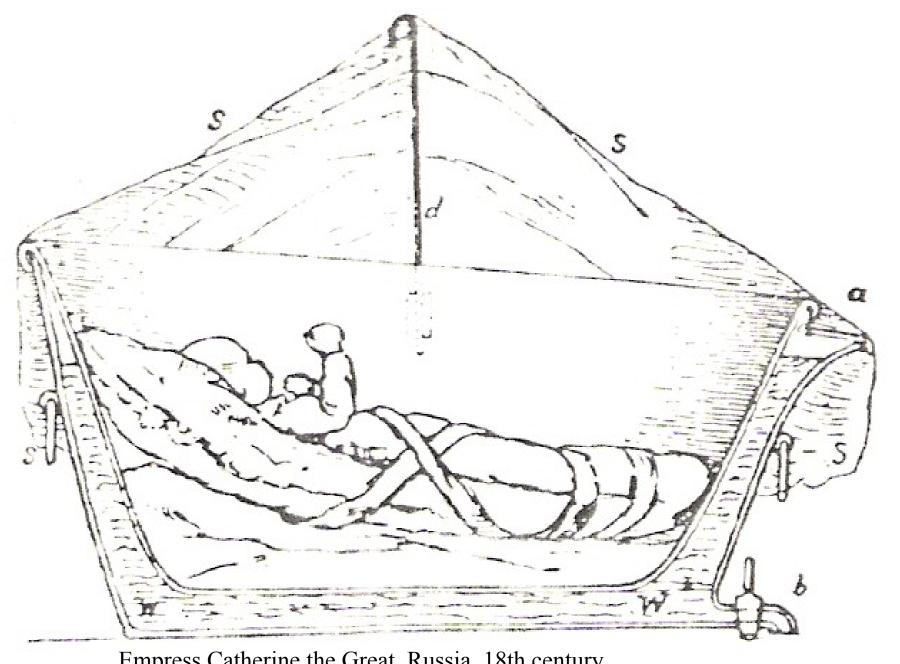
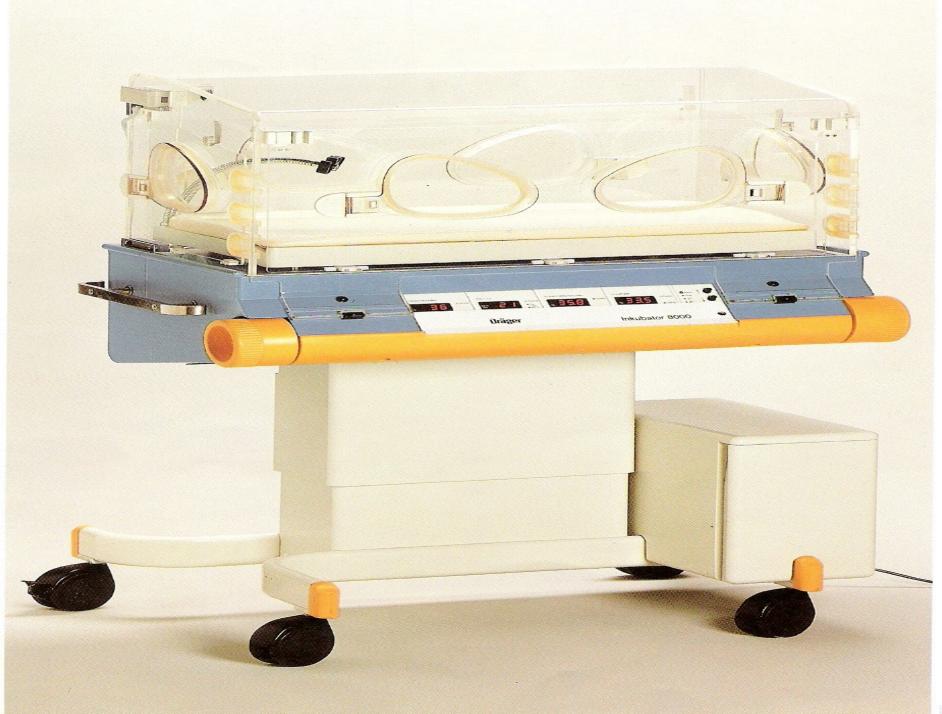


Figure 83–7. Fall in body temperature of the neonate immediately after birth, and instability of body temperature during the first few days of life.





Empress Catherine the Great, Russia, 18th century survival against the russian winter



### Immune system

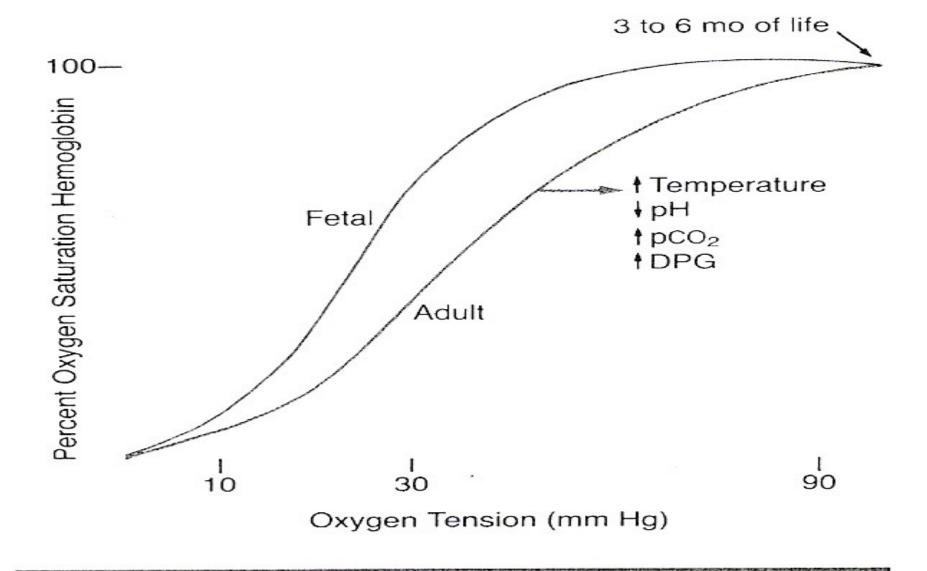
- a main prenatal imunoglobulin = IgG:
  - passes through the placenta
  - At the birth the same level as in mother
  - at birth is the same concentration as in the mother's body
  - gradually decreasing its concentration
  - in 3rd to 10th week reached the lowest values
     then again levels increase

• IgM forms newborns aged 1-2 weeks

 IgA occurs at the age of one month, then the concentration slowly increases
 (IgA is rich colostrum and breast milk)

### **BLOOD** - composition

- After birth:
- $\checkmark$  Erythrocytes = 5-6 x  $10^{12}/l$
- $\checkmark$  Leukocytes = 20-22 x 10 $^9$  /1
- ✓ Hemoglobin = 190 g/l
- At 3 month of live:
- ✓ Erythrocytes =  $4 \times 10^{12}/l$
- $\checkmark$  Leukocytes =  $10.5 \times 10^9/l$
- ✓ Hemoglobin = 110 g/l



**Figure 5–2.** Hemoglobin-oxygen dissociation curves. The position of the adult curve depends on the binding of adult hemoglobin to 2,3-diphosphoglycerate (DPG), temperature, carbon dioxide tension (pCO<sub>2</sub>), and hydrogen ion concentration (pH).

#### CARDIOVASCULAR SYSTEM

#### Heart rate according age

• <b>N</b>	<b>Vewborn</b>
------------	----------------

- 6 month
- 1 year
- 2 years
- 5 years
- 8 years
- 15 years

- 130-135
- 120-125
- 110-115
- 98-100
- 80-85
- 70-76

### **Blood pressure**

- Immediately after birth high blood pressure:
  - Stress after delivery, increase concentration of catecholamine and cortizol
- After 1st day ...... 70/50 mmHg:
  - Open of pulmonary and intestine circulation
- During pubertas:
  - Development of regulatory mechanism
  - Stimulation of external world

Newborn 80/46 mmHg 10,6/6,1 kPa
3 years 100/67 13,3/8,9
10-11 years 111/58 14,8/7,7
13-14 years 118/60 15,7/8,0

#### **GIT and NUTRITION**

- In general, the ability of the neonate to digest, absorb, and metabolize foods is not different that of the older child, with the following 3 exceptions:
- ✓ 1. Secretion of pancretic amylase is deficient
- ✓ 2. Absorption of fats from the gastrointestinal tract is somewhat less than that in the older child (milk with a high fat content such as cow's milk, is inadequately absorbed)
- ✓ 3. The liver function during at least the 1st week of life, the glucose concentration in the blood is unstable and low

# Nutritionale needs during the early weeks of life

- Need for calcium and vitamin D
- Necessity for iron in the diet

- The correct and natural nutrition:
- ✓ breast milk and is necessary supported breast feeding



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#### MATEŘSKÉ MLÉKO JE NEJLEPŠÍ -

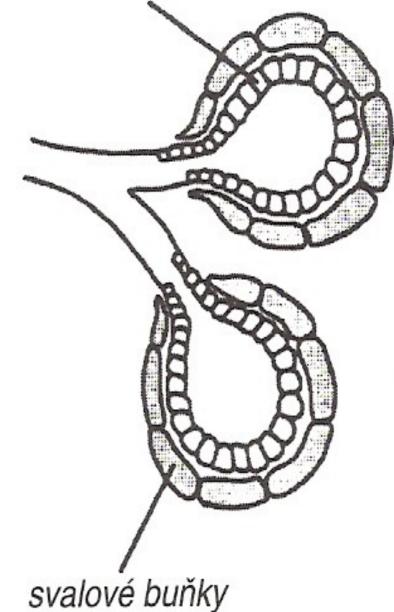


WHO / PAHO (19834)

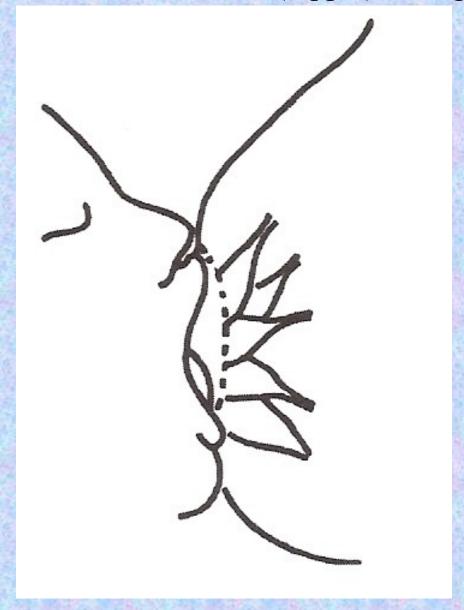
- NA CELÉM SVĚTĚ

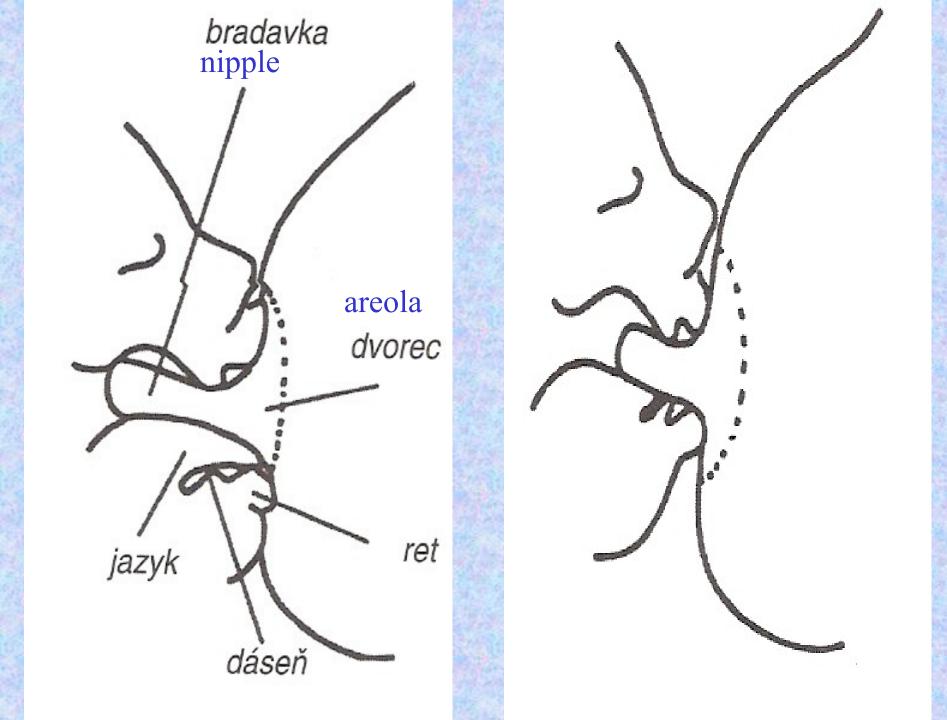
The breast and its mammary gland bunky produkující mléko mlékovod Lactiferous duct sběrný kanálek Lactiferous sir uzabipulla tuková tkáň

pojivová tkáň



Correct position of mammilla (nipple) during breastfeeding





## State screening for metabolic disorder in neonate

- Congenital hypothyroidism: usually arises as a sporadic mutation which causes an insufficient production of thyroxine
- ✓ The expected incidence of the disorder is as 1: 5 000 births
- ✓ The initial screening test is teh thyroxine radioimunoassey, which may be done on a heel stick blood spot at the first week after birth

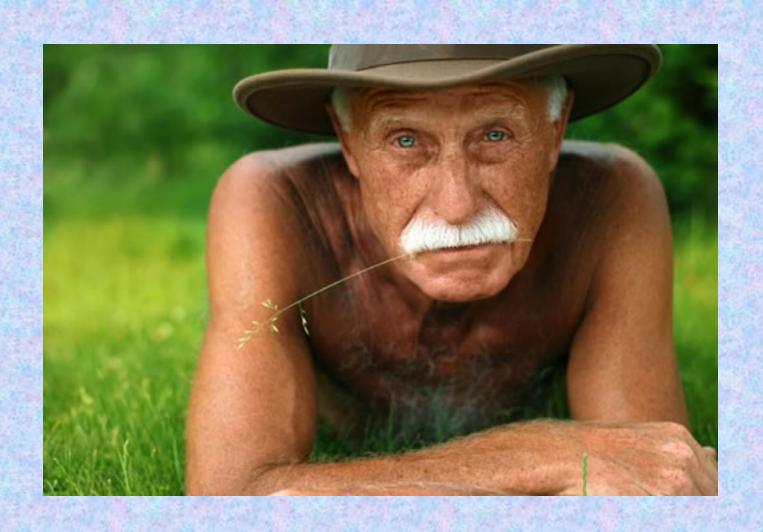
#### Phenylketonuria (PKU)

stick

- ✓ the annual incidence of this inborn error of metabolism is 1:16 000 live births. If the condition is not detected and treated during the first few month of life, severe or profound mental retardation occurs
- ✓ Screening provide by Guthri inhibition assey test

   blood spots specimen obtained from a heel
- ✓ As soon PKU is detected, a low phenylalanine diet is begun

## THEORY of AGE



## Elderly period

- Earlier senior: 65 75 years old
- Middle senior: 75 85 years old
- Late senior: above 85 years old

• The "AGING" is programming biological process

## Theory of "aging"

• "Free radicals"

 primary reason for aging is: damages of macromolecules and structures of cells by biochemistry reactions of free oxygen radicals

(oxygen free radicals damaging our bodies are ,,taxes" that people breathe oxygen on the Earth)

#### Neuroendocrine theory

- This theory is based on the fact, that the secretion of hormone melatonin is reduce with age (as "youth hormone"; pineal gland – coordinates of circadian rhythms)

#### Gene theory

- Increase a lot of mutations in the cells during all of the lifetime, the mutations are a primary cause of the aging
- Theory of programming of aging is based on the idea that the function of genes is reduced in time (e.g. Apoptosis – programming death of the cells)
- Theory based on the hypothesis that exist ,, any genetic programme" (Hayflick 1985 observing the families with longevity)

## The symptoms of aging

- Reduction of <u>function</u> of all organ systems:
- loco-motor function as general and final, decreas of forces of sceletal muscles
- reduction of capacity of the lungs, cardiac output, cardiac reserve, function of excretory system, liver, metabolism
- reduction of number of neurons in the brain (central nervous system)

- The other symptoms:
- Changes in places of fat deposits
- Changes of the skin hair
- Changes in the memory main in the shortterm memory
- Changes of the behavior non-tolerance, depression

"Everyone is old, depending on how he/she feels to be old"

