

# Developmental psychology: sexual transmitted disease

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ASSIGNMENT IN DEVELOPMENTALPSYCHOLOGY1. Sexual transmitted disease in pregnant women women who are pregnant can become infected with the same sexually transmitted diseases (STDs) as women who are not pregnant. Pregnancy does not provide women or their babies any protection against STDs. The consequences of an STD can be significantly more serious, even life threatening, for a woman and her baby if the woman becomes infected with an STD while pregnant. It is important that women be aware of the harmful effects of STDs and know how to protect themselves and their children against infection. . Premature Babies A premature baby, or preemie, is born before the 37th week of pregnancy. Premature birth occurs in between 8 percent to 10 percent of all pregnancies in the United States. Because they are born too early, preemies weigh much less than full-term babies. They may havehealthproblems because their organs did not have enough time to develop. Preemies need special medical care in a neonatal intensive care unit, or NICU. They stay there until their organ systems can work on their own. 3.

Sensation, Perception, and Learning of Infants. THE INFANT'S SENSORY AND PERCEPTUAL CAPACITIES Unlocking the Secrets of Babies' Sensory Capabilities Infants' sensations and perceptions are no longer completely obscure to researchers, who have learned how to measure infants' sensory and perceptual capacities. In their efforts to understand whether babies can distinguish between one stimulus and another investigators often make use of the infant's tendency to habituate, or become used to, a given stimulus.

Another technique is to use the visual preference method, in which researchers pinpoint a baby's preference for one of two alternative stimuli. 4. <https://assignbuster.com/developmental-psychology-sexual-transmitted-disease/>

sudden infant death syndrome Typically the infant is found dead after having been put to bed, and exhibits no signs of having suffered. [7] SIDS is a diagnosis of exclusion. It should only be applied to an infant whose death is sudden and unexpected and remains unexplained after the performance of an adequate postmortem investigation including: 1. an autopsy (by an experienced pediatric pathologist, if possible); 2. investigation of the death scene and circumstances of the death; 3. exploration of the medical history of the infant and family. Australia and New Zealand are shifting to the term "sudden unexplained death in infancy" (SUDI) for professional, scientific and coronial clarity. The term SUDI is now often used instead of sudden infant death syndrome (SIDS) because some coroners prefer to use the term 'undetermined' for a death previously considered to be SIDS. This change is causing diagnostic shift in the mortality data. [8] In addition, the U. S.

Centers for Disease Control and Prevention (CDC) has recently suggested that such deaths be called "sudden unexpected infant deaths" (SUID) and that SIDS is a subset of SUID. [9] 4. Post partum depression Postpartum depression is depression that occurs soon after having a baby. Some health professionals call it postpartum nonpsychotic depression. • This condition occurs in about 10-20% of women, usually within a few months of delivery.

• Risk factors include previous major depression, psychosocial stress, inadequate social support, and previous premenstrual dysphoric disorder (see premenstrual syndrome for more information). Symptoms include depressed mood, tearfulness, inability to enjoy pleasurable activities, trouble sleeping, fatigue, appetite problems, suicidal thoughts, feelings of inadequacy as a parent, and impaired concentration. • If you experience postpartum

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depression, you may worry about the baby's health and well-being. You may have negative thoughts about the baby and fears about harming the infant (although women who have these thoughts rarely act on them). •Postpartum depression interferes with a woman's ability to care for her baby.

When a woman with severe postpartum depression becomes suicidal, she may consider killing her infant and young children, not from anger, but from a desire not to abandon the child. Postpartum (puerperal) psychosis is the most serious postpartum disorder. It requires immediate treatment. •This condition is rare. A woman with this condition experiences psychotic symptoms within 3 weeks of giving birth. These include false beliefs (delusions), hallucinations (seeing or hearing things that are not there), or both. •This condition is associated with mood disorders such as depression, bipolar disorder, or psychosis.