



*Rewarding Learning*

**General Certificate of Secondary Education**

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**Home Economics:  
Child Development**

Unit 1

Parenthood, Pregnancy and  
the Newborn Baby

[GCD11]

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**Assessment**

**MARK  
SCHEME**

## **General Marking Instructions**

### ***Introduction***

The main purpose of the mark scheme is to ensure accurate, consistent and fair awarding of marks. The mark scheme provides an indication of the nature and range of candidates' responses likely to be worthy of credit. It also sets out the criteria that should be applied in allocating marks to candidates' responses.

### ***Assessment objectives***

Below are the assessment objectives for Home Economics: Child Development.

Candidates should be able to:

- AO1** Recall, select and communicate their knowledge and understanding of a range of contexts;
- AO2** Apply knowledge, understanding and skills in a variety of contexts and in planning and carrying out investigations and tasks; and
- AO3** Analyse and evaluate information, sources, and evidence; make reasoned judgements and present conclusions.

### ***Quality of candidates' responses***

In marking the questions, teachers should be looking for a quality of response reflecting the level of maturity that may reasonably be expected of a 16-year-old, the age at which the majority of candidates sit their GCSE examinations.

### ***Flexibility in marking***

This mark scheme is not intended to be totally prescriptive. No mark scheme can cover all the responses which candidates may produce. In the event of unanticipated answers, teachers are expected to use their professional judgement to assess the validity of answers.

### ***Positive marking***

Teachers are encouraged to be positive in their marking, giving appropriate credit for what candidates know, understand and can do rather than penalising candidates for errors or omissions. Teachers should make use of the whole of the available mark range for any particular question and be prepared to award full marks for a response which is as good as might reasonably be expected of a 16-year-old GCSE candidate.

### ***Awarding zero marks***

Marks should only be awarded for valid responses and no marks should be awarded for an answer which is completely incorrect or inappropriate and not worthy of credit.

### ***Types of mark schemes***

Mark schemes for tasks or questions which require candidates to respond in extended written form are marked on the basis of levels of response which take account of the quality of written communication.

Other questions which require only short answers are marked on a point for point basis with marks awarded for each valid piece of information provided.

## **Levels of response**

In deciding which level of response to award, teachers should look for the “best fit” bearing in mind that weaknesses in one area may be compensated for by strength in another. In deciding which mark within a particular level to award to any response, teachers are expected to use their professional judgement.

The following guidance is provided to assist teachers:

- **Threshold performance:** Response which just merits inclusion in the level and should be awarded a mark at or near the bottom of the range.
- **Intermediate performance:** Response which clearly merits inclusion in the level and should be awarded a mark at or near the middle of the range.
- **High performance:** Response which fully satisfies the level description and should be awarded a mark at or near the top of the range.

## **Quality of written communication**

Quality of written communication is taken into account in assessing candidates’ responses to all tasks and questions that require them to respond in extended written form. These tasks and questions are marked on the basis of levels of response. The description for each level of response includes reference to the quality of written communication.

For conciseness, quality of written communication is distinguished within levels of response as follows:

Level 1: Quality of written communication is basic.

Level 2: Quality of written communication is competent.

Level 3: Quality of written communication is highly competent.

In interpreting these level descriptions, teachers should refer to the more detailed guidance provided below:

**Level 1 (Basic):** The candidate makes only a limited selection and use of an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear.

**Level 2 (Competent):** The candidate makes a reasonable selection and use of an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.

**Level 3 (Highly competent):** The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that meaning is clear.

### **Key terminology**

Explain – set out purposes or reasons

Describe – set out characteristics

Discuss – present key points

Assess – make an informed judgement

Evaluate – judge from available evidence

**1** Read the following statements and tick the box beside each correct answer.  
Tick only one box for each statement.

AVAILABLE  
MARKS

**(a)** The average weight of a newborn baby is:

A 3.5 kg

AO1 (1 × [1])

[1]

**(b)** In the menstrual cycle ovulation usually happens on:

B Day 14

AO1 (1 × [1])

[1]

**(c)** IVF and GIFT are possible treatments for:

B infertility

AO1 (1 × [1])

[1]

**(d)** The milk producing hormone is called:

B prolactin

AO1 (1 × [1])

[1]

**(e)** The egg/ovum is produced in the:

C ovary

AO1 (1 × [1])

[1]

5

**2 (a)** Label the diagram of the female reproductive system.

**(i)** ovary

**(ii)** cervix

**(iii)** vagina

**(iv)** fallopian tube

**(v)** uterus/womb

AO1 (5 × [1])

[5]

**(b)** Write down two possible methods of family planning.

- IUS/intrauterine system
- IUD/coil/intrauterine device
- male/female sterilisation or sterilisation
- diaphragm with spermicide
- male condom/condom
- female condom/femidom
- contraceptive patch
- contraceptive implant/bar
- contraceptive pill/combined pill/progesterone only pill (POP)
- natural method/rhythm method
- contraceptive injection
- abstention/saying no
- withdrawal.

All other valid points will be credited

[0] marks awarded if candidate simply states pill/patch/injection/implant

AO1 (2 × [1])

[2]

(c) Explain what happens during conception.

- penis enters vagina
- penis ejaculates semen/sperm into vagina
- semen/sperm travels through cervix/uterus to fallopian tube
- egg released by ovary
- egg and sperm meet in fallopian tube – conception takes place here – egg is fertilised in the fallopian tube
- fertilised egg travels to uterus to develop.

pregnancy takes place = [0]

To achieve full marks, fallopian tube must be included in response.

All other valid points will be credited

AO2 (1 × [3])

[3]

(d) Describe the development of the fetus in the womb at week 14.

Description may include two different points from the list below:

- 6 cm in length/weights 55 g
- looks human/fully formed
- can swim and make a fist
- muscles and limbs developed – developing/start to develop = [0]
- heartbeat can be detected
- hiccups and drinks amniotic fluid
- can move limbs/sucks thumb
- has fingerprint
- nerves and muscles developing rapidly/spine developed
- facial features developed, eyelids covered
- can frown
- sensitive to heat, touch, light, sound/senses developing
- starting to develop fine, downy hair
- sex organs developed/organs developed
- fingers and toes separate, nails grow.

All other valid points will be credited

AO2 (1 × [2])

[2]

12

AVAILABLE  
MARKS

3 (a) Discuss the possible effects of smoking on the unborn baby.

- harmful chemicals from mother's lungs **cross the placenta** into baby's blood, circulated round baby's body
- **nicotine** in cigarettes makes baby's heart beat faster/baby receives less oxygen and does not grow as well as it should
- **carbon monoxide** in cigarette smoke takes place of oxygen in blood, baby receives **less oxygen** and growth and development is affected
- **low birth weight** babies with resulting developmental difficulties
- greater risk of miscarriage, stillbirth, premature birth
- baby can have slower growth rate
- greater risk of SIDS/cot death
- high risk bronchitis, pneumonia, chest infections and asthma
- **facial disfigurements**, e.g. cleft palate/cleft lip
- baby: lung capacity affected
- risk ADHD, behaviour issues/may affect baby's brain cells during first few weeks of pregnancy

addicted = [0]

All points discussed must relate to **unborn baby**

All other valid points will be credited

AO2 (1 × [2])

[2]

(b) Explain why the following tests/checks are carried out during pregnancy.

(i) Urine test

- **protein** – check for bladder, kidney infection
- **protein** (albumin) present/risk pre-eclampsia – dangerous for mother and baby
- **sugar** (glucose) present/indicates (gestational) diabetes
- **ketones** present/indicates dehydration due to excessive exercise

confirm pregnancy = [0]

All other valid points will be credited

AO2 (1 × [2])

[2]

(ii) Blood pressure check

- **high** indicates possibility of pre-eclampsia/dangerous to mother and baby, may cause premature birth
- mother may need rest to bring pressure down
- high may indicate mother is stressed
- low blood pressure indicated/advice given to prevent fainting

All other valid points will be credited

AO2 (1 × [2])

[2]

(c) Describe the role of the midwife during birth.

- midwife works in partnership with the mother to give the necessary support, care and advice during pregnancy
- midwife supports the mother in the birth plan, birth options, pain relief
- monitors mother during labour, e.g. blood pressure, heart beat, rate of dilation of cervix
- delivers baby (on own or with obstetrician if difficulties arise)
- takes charge of home birth and delivers baby
- helps mother with newborn baby, advises on feeding, baby's progress
- nurse who specialises in the care of pregnancy and childbirth

carry out tests = [0]

All other valid points will be credited

AO1 AO2 (1 × [2])

[2]

AVAILABLE  
MARKS

8

4 (a) Describe the following:

(i) **Ventouse extraction during birth**

- vacuum suction
- rubber cap connected to a vacuum pump and placed on baby's head
- baby gently pulled out/used when mother having difficulty, distressed or tired or can't feel contractions during epidural
- can cause slight swelling and bruising to head
- not suitable for breech or premature birth/head needs to be protected.

Response must include vacuum/vacuum suction/vacuum pump for 2 marks.

All other valid points will be credited

AO1 (1 × [2])

[2]

(ii) **Caesarean birth**

- anaesthetist administers epidural or spinal block which numbs mother from waist down
- operation carried out to remove baby from the womb when normal, vaginal birth is not possible, e.g. when complications happen during labour or when baby is breech or multiple birth or placenta not functioning or baby or mother are at risk/may be emergency or elective
- carried out by an obstetrician/cut is made into the abdomen, just below the bikini line and then the uterus, the baby is lifted out and mother is stitched – operation takes about 20 mins
- cord is cut, placenta is removed

**(for full three marks candidate must include reference to either obstetrician or anaesthetist/epidural)**

All other valid points will be credited

AO1 AO2 (1 × [3])

[3]

(b) Describe what happens during Stage 1 of labour.

- regular contractions gradually become strong which widens the cervix
- a show (mucus and blood)
- cervix starts to soften so it can open (latent phase)
- waters break/amniotic membranes rupture
- backache, menstrual like cramps
- longest stage of labour, cervix is dilating/opening

All other valid points will be credited

AO2 (1 × [3])

[3]

(c) Discuss the role of grandparents in the family.

AVAILABLE  
MARKS

Discussion may include:

- **give advice** on child rearing practices/share own experience as parents
- **babysit children**, give parents time to themselves, bond with grandchildren
- **read to the children, play with them, talk to them**/become involved in child's everyday life
- **passing on family traditions**, culture, beliefs, e.g. sport, religion/taking child to events, to church etc
- **provides family stability, sense of belonging**/child will feel secure and loved, feel part of the family
- **child-care provision** to allow parents to work/cheaper option for parents, save money
- **support family** – practical or financial/helping around the house/parents can talk to grandparents, get advice from experienced parents
- **spend quality time with children**, give them plenty of attention, children will enjoy time together

All other valid points will be credited

For full marks, 1 point must be well explained and candidate should include one other point from the list above.

AO2 (1 × [3])

[3]

11

- 5 (a) Kate and Michael are expecting their second baby. Assess how having the baby may affect their family life.

AVAILABLE  
MARKS

Answers may address the following points:

- **improve their relationship/stronger bond**/need to work together more to share care
- **companion for other child**/will improve their social skills as they interact/child will enjoy being big sister or brother and feel sense of responsibility
- **will have baby equipment and clothes from previous baby**/less cost/will have previous experience and will be better prepared, will feel more confident
- **life enriched by the presence of another baby**/feel more like a family/closer relationships, extended family
- **children may have common interests**/more choice of toys/more likely to play together/will develop bond and strong relationship
- **older child will become independent more quickly**/help mother with simple tasks/improves their bond with mother
- **father may become more involved** with daily care of two children as mother will have more work to do and need help/improve his bond with his children
- **financial stress**/more clothes, food etc./more equipment/new car/extra childminding costs
- **may need to move house**/extra bedroom needed, space needed for another pram, more equipment/disrupt family life
- **less sleep/physical and emotional pressure**/parents stressed and tired if still working
- **parents' relationship under stress**/more arguments – less sleep, worried about cost, e.g. more childcare expenses, mother may not be returning to work – more pressure on father
- **constant care** for a newborn and another child/increased risk of postnatal depression/extreme tiredness – may affect relationship
- **social life restricted**/resentment from one partner/baby sitters needed
- **career changes**/father or mother may have to give up work/extra childcare needed
- **family holidays** limited/newborn's needs/extra costs
- **sibling rivalry**/bedwetting, tantrums
- **older mother** – higher risk of disability/impact

All other valid points will be credited

(To gain maximum 6 marks one point must relate to the other children (siblings))

AO2 AO3 (3 × [2])

### Level 1 ([1]–[2])

Overall impression: Basic

- shows limited knowledge and understanding
- identifies and comments on a few obvious points relevant to the situation
- limited assessment applied in basic terms to the question

**Level 2 ([3]–[4])**

Overall impression: Competent

- shows good knowledge and understanding
- identifies and comments on some key points relevant to the effect of a second baby on family life

**Level 3 ([5]–[6])**

Overall impression: Highly Competent

- shows excellent knowledge and understanding
- identifies and comments on a wide range of key points relevant to the effect of a second baby on family life
- a highly competent understanding of the situation and the effect of a second baby on family life

[6]

**(b)** Write down two ways to help prevent sudden infant death syndrome (SIDS).

- place baby 'feet to foot' of cot
- breastfeed
- lie baby on back
- do not smoke during pregnancy
- do not smoke around baby
- do not use duvet, quilt/no bumpers
- immunise baby
- do not use a pillow
- keep baby's head uncovered
- do not share a bed with baby
- do not allow baby to overheat
- use a firm mattress
- keep baby in same room as you
- no soft toys in cot
- keep cot away from radiator

All other valid points will be credited

AO1 (2 × [1])

[2]

(c) Explain two points to consider when choosing clothes for a newborn baby.

- **correct fit/size** – not too tight or too loose – could constrict movement, make baby uncomfortable
- **no loose strings, ribbons** – risk of baby choking, getting wrapped around neck, finger or limb and stopping circulation
- **no holes** in woollen or knitted clothing, no buttonholes – baby’s fingers could get caught and stop circulation
- **easy to wash**, check labels for washing instructions – baby’s need many changes of clothes after feeding, nappy changes
- **quick to dry**, can be tumble dried – less need for a lot of similar clothes, can reuse clothes quickly
- **easy to put on and take off**/easy fastenings, e.g. poppers instead of buttons – baby needs changed quickly and frequently during nappy changing
- **soft, comfortable fabrics**, no roughness – baby’s skin easily irritated, baby can’t move to get comfortable, may help baby sleep better
- **no raised seams or hard edges**, no zips, check stitching – to rub against delicate skin
- **stretchy fabric** – allows easy dressing as baby can’t move limbs themselves
- **natural fabrics** will absorb sweat, be soft against skin, less irritation
- **large neck openings**, slashed necklines – easier to dress baby, more comfortable for baby
- **price**/baby will out grow clothes quickly – expensive clothes may be poor value for money as not used much
- **non-flammable**/won’t catch fire – check labels on clothes
- **season** with explanation – appropriate for weather

All other valid points will be credited

AO1 AO2 (2 × [2])

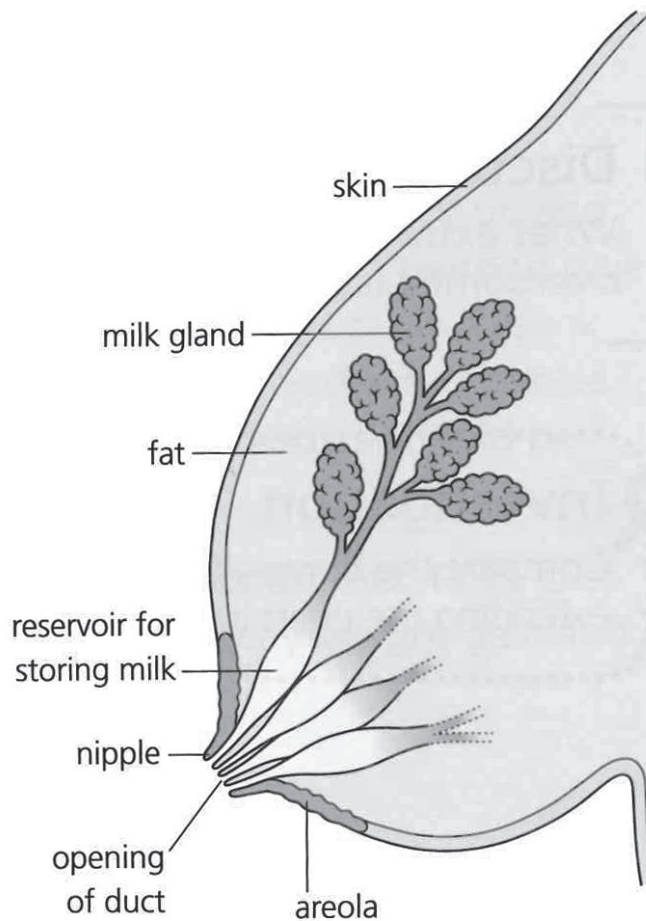
[4]

12

AVAILABLE  
MARKS

6 (a) Explain how breastfeeding works.

AVAILABLE  
MARKS



Structure of the breasts

Explanation may include:

- during pregnancy the mother's placenta & ovaries produce high levels of oestrogen and progesterone. These hormones work together to stimulate the milk glands to produce colostrum
- breast produces colostrum during pregnancy – a thick, yellow-coloured fluid, concentrated source of protein and minerals/promotes baby's immune system, the birth is a signal to start on milk production
- milk is produced from milk glands, the ducts carry the milk through the breast and milk comes out through the nipple
- baby sucking on breast stimulates nerve endings, causes the hormone oxytocin to be released into bloodstream/makes muscles around the milk producing glands contract which pushes milk into ducts and through areola to nipple
- prolactin levels increase so breast milk is made
- two to three days after birth, mature milk is produced. Candidate may refer to foremilk and hindmilk within their explanation.

All other valid points will be credited

AO2 (1 × [3])

[3]

Source: Image: *Child Care and Development 7th Edition* by Pamela Minett (9781471899768) 2017. © Hodder and Stoughton Educational Limited. "Reproduced with permission of the Licensor through PLSclear."

- (b) Khloe and Connor are considering bottlefeeding for their newborn baby. Evaluate this option.

AVAILABLE  
MARKS

#### Advantages

- anyone can feed baby, mother can get rest, less stressful and less pressure for mother/father can be involved and bond with baby
- contains more iron compared to breast milk
- does not have embarrassment that can be associated with breastfeeding, mother can feed anywhere
- the mother can return to work, return to normal social life easier as anyone else can feed the baby, e.g. childminder, babysitter
- can see exact amount baby is getting when using a bottle, unable to tell when breast-feeding/mother will feel reassured that she knows baby is getting enough milk
- bottle-fed babies need to be fed less frequently since it is more difficult to digest formula milk/baby will stay full up longer and may be more settled, sleep better
- can change to different formula milk as baby gets older, to suit baby's changing nutritional needs/mother will be reassured that milk is suitable for baby
- won't need vitamin K injections as vitamin K is added to formula
- the mother can eat what she wants, doesn't have to avoid spicy food

#### Disadvantages

- baby doesn't get antibodies that breast milk contains, increased risk of illness
- baby more likely to develop diarrhoea, chest or ear or urine infections, asthma, constipation/less likely to need to take baby to hospital
- bottles and teats need to be sterilised to prevent infection, time consuming especially at night time when baby needs fed quickly
- costs more than breast-feeding, need to buy bottles, sterilising equipment, on-going expense of buying formula powder
- need to take care to make formula feed correctly/read and follow instructions correctly, takes time, baby at risk of gastro enteritis and kidney damage if bottle too strong
- need to ensure temperature of milk correct or baby could be scalded if too hot/may need to wait to feed baby which could lead to a more unsettled baby
- can overfeed baby and cause obesity, baby will not refuse bottle but will not overfeed when breast-feeding

All other valid points will be credited

**Answer must contain both advantages and disadvantages for full marks**

A response that only focuses on advantages or disadvantages = maximum 4 marks.

AO3 (1 × [6])

**Level 1 ([1]–[2])**

Overall impression: Basic

- shows limited knowledge and understanding
- identifies and comments on a few obvious points relevant to bottlefeeding
- a limited assessment applied in basic terms to the question

**Level 2 ([3]–[4])**

Overall impression: Competent

- shows good knowledge and understanding of bottlefeeding
- identifies and comments on some key points relevant to bottlefeeding
- competent understanding of positive or negative points of bottlefeeding a newborn baby

**Level 3 ([5]–[6])**

Overall impression: Highly Competent

- shows excellent knowledge and understanding
- identified and comments on a wide range of keypoints of bottlefeeding
- a highly competent evaluation of bottle feeding as an option for Khloe and Connor and their newborn baby

[6]

AVAILABLE  
MARKS

9

- 7 Laura is pregnant with her third baby.  
Evaluate a home birth for Laura.

#### Advantages

- comfort of own bed, feel more relaxed, familiar surroundings, more comfortable, will be able to have home comforts and own food
- other family members, e.g. dad, siblings can be present, hold baby, enjoy the experience/help bonding of baby with other child in family
- family members can be involved, do chores, look after baby, good for family relationships
- other children can keep to their routine, mother still there for support
- familiar midwife, reassuring for mother, can discuss her preferences and know they will be carried out by same midwife, midwife prepared for birth and mother's wishes
- visitors can come at any time, no restrictions, mother can decide when she wants to see them/visitors will feel more involved with baby and mother, can help mother with baby, e.g. changing nappy
- more privacy for mother, no other patients there, can set her own routines and meal times – mother can have own meals when she feels hungry
- baby is in routine straight away at home, may be more settled, no other babies crying to distract baby

#### Disadvantages

- no specialist equipment if anything goes wrong, e.g. heart monitor, incubator, operating facility if caesarean needed – extra time waiting for ambulance can be stressful for mother and may cause distress to baby
- obstetrician, anaesthetist, paediatrician not available immediately if baby needs attention after birth
- no access to **range** of pain relief, e.g. no epidural as anaesthetist required/ only breathing techniques, aromatherapy and maybe water birth available – not as effective as pain relief methods
- if complication arises may be delay in getting help, e.g. ambulance may be called, adds to risk for mother and baby
- no set visiting hours so mother may get little rest, lots of visitors – hospital has set times to allow for resting time and time alone with baby – helps bonding
- mother still has household chores to do, little rest, may feel under pressure, responsibility of other child – may not take time to recover which could delay mother's return to full health
- hospital not close by, need to get ambulance, too far – endangers baby and adds to stress for mother
- midwife leaves home straight after the birth – no support for the mother

All other valid points will be credited

**Answer must contain both advantages and disadvantages for full marks**

#### Level 1 ([1]–[3])

Overall impression: Basic

- limited range of points, not all explained
- shows some knowledge of a home birth/may only have advantages or disadvantages
- quality of written communication is basic.

**Level 2 ([4]–[6])**

Overall impression: Competent

- good range of explained points
- shows good knowledge of a home birth/some evaluation evident
- quality of written communication is competent.

**Level 3 ([7]–[9])**

Overall impression: Highly Competent

- excellent range of well explained points
- shows excellent knowledge of a home birth/highly competent evaluation evident (must include reference to other children/siblings)
- quality of written communication is highly competent.

**[0]** is awarded for a response not worthy of credit

Maximum of 4 marks if home birth is not evaluated.

AO3 (1 × [9])

[9]

9

AVAILABLE  
MARKS

- 8 Sophie is 3 months pregnant. Discuss the suitability of this breakfast for Sophie, in line with current government nutritional advice. (AO2, AO3)

AVAILABLE  
MARKS

### Porridge made with semi skimmed milk:

#### Nutritional value:

- Oats provide **starchy carbohydrates** and will provide energy which is released slowly
- Oats have a **high satiety value**, this can provide Sophie with a feeling of fullness and prevent snacking which could cause excess weight gain
- Oats are **high in fibre** which can help prevent constipation which is often experienced during pregnancy due to increased levels of progesterone in the body
- Oats contain **B group vitamins** which can help to release energy
- Oats provide a source of **iron** which is necessary for the production of the placenta/produce haemoglobin/prevention of anaemia
- Milk provides a source of **protein** which assists the growth of the baby/ changing body during pregnancy
- Milk provides **calcium** necessary for the development of bones and teeth in the baby/prevents Sophie developing osteoporosis in the future
- Milk provides a source of **Vitamin D** which assists calcium absorption
- Milk provides **iodine** important in the synthesis of the hormone thyroid which is vital for fetal brain and eye development

#### Current dietary guidelines:

- 1/3 of the diet should be made up of starchy carbohydrates (oats) – releases energy slowly
- Semi skimmed milk is low in **saturated fat** which can help to reduce the risk of excess weight gain pregnancy which can be hard to lose after birth/ contribute to gestational diabetes
- Porridge is **low in salt** – pregnant women are recommended to reduce their salt intake to 6g – this can help prevent pre-eclampsia
- Pregnant women are advised to eat 2/3 portions of dairy products when following the Eatwell guide

### Poached Egg on white toast:

#### Nutritional value:

- Egg provides **protein** which assists the growth of the baby/changing body during pregnancy
- Egg provides **Vitamin A** – antioxidant vitamin which helps the immune system to function correctly/promotes healthy skin
- Egg yolk provides **iron** – necessary for the production of the placenta/ produce haemoglobin/prevention of anaemia
- White bread provides **folic acid** which is necessary in the first 3 months of pregnancy to help prevent neural tube defects (NTDs), e.g. spina bifida
- White bread is **fortified with iron** – for the production of the placenta/ produce haemoglobin/prevention of anaemia
- Egg yolk high cholesterol

Current dietary guidelines:

- Pregnant women are advised to eat wholemeal/wholegrain sources of carbohydrates to prevent constipation as they are richer in fibre
- Eatwell guide recommends pregnant women include 2/3 portions of proteins, e.g. eggs
- Bread contains **salt** and women are advised to reduce their salt intake to 6g – this can help prevent pre-eclampsia

**Strawberry Smoothie:**Nutritional value:

- Strawberries are rich in **Vitamin C** to heal wounds/required for the development of collagen/helps develop resistance against infections
- Strawberries are rich in **Vitamin C** which assists in the absorption of iron in porridge/prevent anaemia
- Strawberries contain **natural sugar** which can provide a quick source of energy
- Strawberries are **low in fat** which can prevent excess weight gain in pregnancy
- Strawberries contain a source of **dietary fibre** which can help prevent constipation which is often experienced during pregnancy due to increased levels of progesterone in the body
- May be made with yogurt which contains **calcium** – necessary for the formation of bones and teeth in the baby and prevent against osteoporosis

Current dietary guidelines:

- One of **5 a day** – pregnant women should consume 5 portions of fruit and vegetables each day
- Fruit smoothies can be **high in sugar** which if eaten regularly may contribute to tooth decay
- **Low in fat** which can help to control weight gain during pregnancy
- Eatwell guide recommends 6-8 glasses of fluids per day

General points (max. 1 explained point)

- Egg yolk must be cooked thoroughly to prevent food poisoning/salmonella which can lead to miscarriage
- Lion Code eggs are considered very low risk for salmonella, and safe for pregnant women to eat raw or partially cooked. If Sophie chooses eggs stamped with this mark when shopping, she reduces her risk of food poisoning
- Portion size – may not be able to eat all of these foods if experiencing morning sickness

All other valid answers will be given credit

**[0]** Is awarded for a response not worthy of credit

**Level 1 ([1]–[3])**

Overall impression: Basic

- shows limited knowledge and understanding
- limited range of points with little or no explanation
- quality of written communication is basic.

**Level 2 ([4]–[6])**

Overall impression: Competent

- shows good knowledge and understanding related to at least two foods
- identifies and comments on some key points relevant to current government dietary guidelines
- maximum of 5 marks if only nutritional value is discussed
- competent range of explained points
- quality of written communication is basic.

**Level 3 ([7]–[9])**

Overall impression: Highly Competent

- shows excellent knowledge and understanding related to all three foods
- identifies and comments on the key points relevant to current government dietary guidelines
- highly competent range of explained points
- quality of written communication is highly competent.

AO3 (1 × [9])

[9]

9

**Total**

**75**

**AVAILABLE  
MARKS**