SEXUALITY UNIT
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<tbody>
<tr>
<td>T</td>
<td>F</td>
<td>1. All females have menstrual cramps during their period.</td>
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<td>T</td>
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<td>2. Sperm and semen are the same thing.</td>
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<td>3. A boy’s breasts can get bigger and become sore during puberty.</td>
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<td>4. The hormone testosterone causes a boy’s voice to deepen.</td>
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<td>5. You cannot go swimming when a female has her period.</td>
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<td>6. Boys undergo puberty at the same time as girls?</td>
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<td>T</td>
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<td>7. The testicles will shrink in cold water.</td>
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<td>T</td>
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<td>8. A female cannot get pregnant before she has her first period.</td>
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<td>T</td>
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<td>9. A male’s sperm lives less than one day inside a women.</td>
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<td>T</td>
<td>F</td>
<td>10. All methods of birth control protect against STDs.</td>
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11. All male’s have nocturnal emissions.  
T F

12. Females are more emotional during their period.  
T F

13. It is possible for semen and urine to mix together and pass through the body at the same time.  
T F

14. A female is most likely or easiest to get pregnant just before her period.  
T F

15. Circumcision is an operation that removes the foreskin of the penis.  
T F

16. An episiotomy is a surgical incision from the females vagina to anus.  
T F

17. The size of a male’s penis determines how masculine he will be.  
T F

18. The uterus in females is where the eggs are produced.  
T F

19. A female cannot get pregnant the first time she has sex?  
T F

20. During sexual intercourse, if the man withdraws before ejaculation, the female cannot become pregnant.  
T F
Male reproductive system
Concerns for Males

- **Prostate Cancer**- One of the most common cancers among men in America. 8 of 10 Men diagnosed are over 65.

- **Hernia**- Part of intestine bulge through abdominal wall.
  - Inguinal Hernia- “turn your head and cough”

- **Sterility**- Oligospermia “Mumps”
Female Reproductive System
Concerns for Females

- **Sterility** - Unable to conceive and give birth.
- **Breast Cancer** - First-degree relatives, over 50, no pregnancies.
- "PMS" - Over 150 symptoms over 40 million at a time or experiencing PMS.
- **Toxic Shock Syndrome (TSS)** - Flu like symptoms. *Staphylococcus aureus* = staff infection
Male Reproductive System

- Testosterone
- Sperm
- Seminiferous Tubules
- Testes
- Scrotum
- Epididymis
- Vas Deferens
- Seminal Vesicles
- Prostate Gland
- Cowper's Gland
- Urethra
- Penis
- Ejaculation
Female Reproductive System

- Ova
- Ovaries
- Progesterone
- Estrogen
- Ovulation
- Fallopian Tubes

- Uterus
- Endometrium
- Cervix
- Vagina
- Labia Minora
- Labia Majora
MENSTRUATION

The Four Phases

Phase One: Day 1 to end of Menstruation
- The breakdown of the lining in the uterus (endometrium)
- Around 4-7 days
- Follicle stimulating hormone (FSH) causes growth
Phase Two: From the end of Menstruation to Ovulation

- FSH secretes estrogen causing the lining in the uterus to grow.
- Ova starts to mature in a follicle in the ovary.
The Four Phases Continued...

- Phase Three: Ovulation Occurs
  - Release of a mature egg.
  - Travels through the **fallopian tube**.
  - Egg survives 24-48 hours (2 days)
  - Occurs around day 14.
The Four Phases Continued...

- **Phase Four: Endometrium Thickens/Traveling Egg**
  - LH hormone causes a Corpus Luteum.
  - Corpus Luteum prepare for the reception of the egg and secretes *Progesterone*.
  - *Progesterone* nourishes the fallopian tubes and works with estrogen to cause the endometrium to thicken.
  - If the egg is not fertilized it will drop.
Menstrual Cycle
28 Day Cycle
2-3 Tablespoon Blood
40-50 = Menopause
Conception & Implantation

**Fertilization** - union of a male sperm and female’s egg.

**Zygote** - as soon as the ovum is fertilized. Protective membrane. (Day 1-4)

**Blastocyst** - cluster of cells characterized by hallow center. (Day 4-6)

**Embryo** - cluster of cells that develop between 3-8 weeks following implantation

Baby is a size of a dot.
Embryonic Growth

**Amniotic sac** - thin membrane around the embryo. “Bag of Water”

**Umbilical cord** - a ropelike structure that connects the embryo and mother. (20 in)

**Placenta** - thick blood-rich tissue that line the walls of the uterus. Nourishes embryo acts like a filter.
Fetal Development

1st TRIMESTER

- 6 days after fertilization it plants in uterus and know is called *embryo*.
- Buds, eyes develop
- Mother may experience morning sickness frequent urination.
- By month 3 you have teeth, finger prints, 3” long and weighs 1oz.
- After 8 weeks is called a *fetus*!
2nd Trimester

- By month 4 gain about 1 pound week.
- Brain cells increase
- Baby can start to hear.
- If mother is older may perform an amniosthesis. Check for Down’s Syndrome.
- At the end of this trimester feel kicking, flutters, etc and the baby weighs 1 ½ pounds and is 11-14 inches long.
3rd TRIMESTER

- During the 7 and 8th month baby has rapid weight gain.
- Expected parent’s begin to take Birth Classes. Lamaze Method is the most common.
- By the 9th month baby places pressure up on diaphragm and down on the bladder.
- Uterus lowers, the baby descends (called lightening)
- Nesting instincts take over.
Labor

**STAGE 1: WATER BREAKES AND CONTRACTIONS**
Dilation, contractions begin. Uterus contracts causing cervix to dilate. Water breaks.

**STAGE 2: CROWNING TO BIRTH OF BABY!**
Passage through the birth canal. Cervix is fully dilated.

**STAGE 3  AFTERBIRTH**
Contractions continue and delivery of afterbirth (Placenta).
Complications

- **Caesarean** - Surgical incision through the abdomen.
- **Breech Birth** - Baby comes out of uterus buttocks first.
- **Rh Factor** - Most are Rh+ problems occur when Rh’s are different.
- **Ectopic** - When the zygote implants in the fallopian tube.
- **Preclampsia** - Toxemia prevents the placenta from getting enough blood. Signs are high blood pressure and swelling.
- **Gestational diabetes mellitus (GDM)**
  GDM, or carbohydrate intolerance, is first diagnosed during pregnancy through an oral glucose tolerance test. Between 5.5 and 8.8% of pregnant women develop GDM in Australia. Risk factors for GDM include a family history of diabetes, increasing maternal age, obesity and being a member of a community or ethnic group with a high risk of developing type 2 diabetes. While the carbohydrate intolerance usually returns to normal after the birth, the mother has a significant risk of developing permanent diabetes while the baby is more likely to develop obesity and impaired glucose tolerance and/or diabetes later in life. Self-care and dietary changes are essential in treatment.
Permanent Prevention

- **Tubal ligation**: “Tubes Tied” Getting the fallopian tubes tied.
- **Hysterectomy**: Uterus is removed.

Semi-Permanent

- **Vasectomy**: “Tubes Cut” Cutting the vas deferens in the male reproductive system.
The Day I Was Born……

I was born on (date)__________
I weighed________
I was___inches long
My parents named me (first middle and last)_________

Other information about my labor and delivery I’d like to share:____________________________________

How long was your mom in labor?
Are you the 1st, 2nd, 3rd child?
Any complications during birth…cesarean, RH factor, breech birth, forceps?
Anything unique?

EXTRA CREDIT- COMPLETE A POSTER WITH THE INFORMATION AND A FAVORITE BABY PICTURE ON IT!!