

M E L O babies

healthy moms healthy pregnancy healthy baby



HOW YOUR BABY'S
DUE DATE IS
CALCULATED **01**

YOUR BABY'S
FIRST TEST
06

BIRTHING OPTIONS:
NORMAL VS
C-SECTION **08**



MELOMED GYNAECOLOGISTS.

BELLVILLE

Dr N Mtimkulu	021 950 8930
Dr MS Jacobs	021 945 2970
Dr M Magopa	021 945 3483
Dr T Isaacs	021 110 5070
Dr Z Dunn	021 110 5059

TOKAI

Dr A Hendricks	021 712 2691
Dr T Motsema	021 110 5940
Dr M Tisane	021 023 2046

GATESVILLE

Dr N Allie	021 637 4323
Dr R Kader	021 638 2647

MITCHELLS PLAIN

Dr D Karangwa	021 391 4297
Dr G Khobane	021 391 4132/3
Dr T Masina	021 110 5945
Dr O Orji	021 110 5064
Dr N Maseko	021 110 5157

RICHARDS BAY

Dr J Moodley	035 772 1581
Dr MN Nkanyane	035 791 5506
Dr SMJ Zulu	035 791 5438
Dr M Tshimanga	035 791 5446

GATESVILLE & MITCHELLS PLAIN

Dr A Davids, Dr MA Jeeva & Dr H Khamissa	
GATESVILLE:	021 637 1343/4
MITCHELLS PLAIN:	021 392 8141/0516

For more information contact us at info@melomed.co.za

CONTENTS

- 01 How your baby's due date is calculated
- 02 Your baby's first test
- 04 Tips for staying happy, healthy and safe during pregnancy
- 08 Birthing options: Normal delivery vs caesarean section
- 10 What is Postpartum Depression (PPD)?



PUBLISHER: Health Bytes CC | CONTACT: christa@health-bytes.co.za | GRAPHIC DESIGNER: Marius Laubser | TEL: 021 913 0504 | PRINTING: Paperjet

Published in the interest of your health by MELOMED

How your baby's due date is calculated



Jan Feb Mar Apr May Jun Jul Aug Sep Nov Dec

How to figure out your due date

1. Date that your last menstrual period started
2. Count ahead 7 days
3. Count back 3 months
4. Add 1 year. This is your due date

Month, Day, Year
Month, Day, Year
Month, Day, Year
Month, Day, Year

Example

- January 10, 2023
- January 17, 2023
- October 17, 2022
- October 17, 2023

*If you don't remember the day your last period started, don't worry. Your healthcare provider can figure out when your baby is due by sending you for an **ultrasound**.*

Remember that a due date is always an estimate. Babies usually are born within 1 - 2 weeks of their due date – only 4 out of every 100 babies arrive on that exact day. A term baby is a baby born between 37 and 41 weeks. ■

MELO **babes** is on

Follow us [@melomed_melobabes](https://www.instagram.com/melomed_melobabes)

YOUR BABY'S FIRST TEST

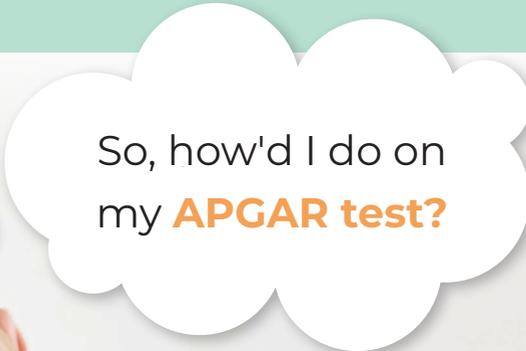


Understanding the Apgar Score

Having a baby can be an exciting time. It also can be hectic and overwhelming. In particular, there is a lot going on in the first hours and days of your baby's life.

Your newborn will go through several types of screening tests at the hospital. The purpose of a newborn screening is to find and treat certain health issues that aren't always visible at birth. Early detection can help prevent or reduce the effects of these conditions.

The first test your newborn will receive is the Apgar test. The doctor or nurse will complete this in the delivery room at the hospital. The Apgar test is normally performed twice: one minute after birth and then again at five minutes after birth. Health professionals routinely administer the test twice because newborns have the tendency to score low during the one-minute mark and improve by the five-minute re-take. Based on those scores, they might test a third time at 10 minutes.

A white thought bubble with a soft shadow, containing text. It is positioned above the baby's head.

So, how'd I do on my **APGAR** test?





The Apgar test is named after Virginia Apgar, who created it in the 1950s. It also is an acronym for the test's measures. Your doctor or nurse will check 5 areas of your newborn baby's health. **The health professional assigns a score of 2, 1, or 0 for each component. A score of 2 is the highest and a score of 0 is the lowest.**

The 5 areas and ranges are:



Appearance

Your baby's skin colour can range from pink to bluish-gray.



Pulse

Your baby's heart rate (pulse) can be above 100 beats per minute (strong), below 100 beats per minute (fair), or absent.



Grimace Response

This checks your baby's facial and physical reflexes (irritability reflexes).



Activity

This checks your baby's muscle tone.



Respiration

This checks your baby's breathing. The rate and effort can range from normal to slow to absent.

The resulting score from the test can help determine if newborns need any extra medical attention. The total possible Apgar score is 10. It's very uncommon to get 10, at least on the first try. Keep in mind that the Apgar score is only indicative of how well your baby is adapting to the new environment. It takes most babies several minutes to warm up, regulate their breathing, and adjust to their new settings. A score of 7 or more is good.

A score less than 7 means your baby might require additional care. He or she might need simple oxygen or heat. Babies born via Caesarean section typically have lower scores, as do babies who are born prematurely or after complicated labours. If your baby still scores low after several tests, hospital staff will begin treatment. They will monitor your baby closely for changes. Your doctor will order testing to identify possible health conditions or disorders.

The Apgar score does not predict other outcomes such as your baby's long-term health, intelligence, personality, or behaviour. ■



Tips for staying **happy, healthy and safe** during pregnancy.

Congratulations, you're pregnant! Pregnancy is an exciting time, but it can also be stressful. Knowing that you are doing all you can to stay healthy during pregnancy and give your baby a healthy start in life will help you to have peace of mind. What are steps you can take toward a healthy pregnancy?



Drink folic acid

Your baby's brain, skull and spine form during the first few weeks of pregnancy, before you may even know you are pregnant. In order for them to form properly you need to have enough folic acid in your body. Folic acid is a B vitamin that can help prevent major birth defects. Take a vitamin with 400 micrograms (mcg) of folic acid every day, before and during pregnancy.



Keep your vaccinations up to date

It is important for you and your partner to keep your immunisations up-to-date for your own health and the health of your baby. Getting immunized against influenza (flu) is highly recommended for all pregnant women, especially those who have diabetes, heart, lung or kidney disease. This will help protect you, your family and your newborn baby against influenza.



Keep germs at bay and infectious diseases away

If you work with children, or in a healthcare setting, you're more likely to be exposed to childhood illnesses and other infectious diseases. Some infectious diseases can harm your developing baby. Fortunately, most moms have already been immunized or have immunity to many of these (e.g., German measles [rubella] and chicken pox).

If you are pregnant or are thinking about becoming pregnant, get a test for HIV as soon as possible and encourage your partner to get tested as well. If you have HIV and you are pregnant, there is a lot you can do to keep yourself healthy and not give HIV to your baby.



Stop using drugs, alcohol and tobacco

Many people struggle with addiction. Most drugs, including alcohol and tobacco, pass from your bloodstream into your baby. Whatever you get, your baby gets too. Because your baby is small and still developing, alcohol, tobacco and drugs can harm your baby before birth and have serious, lifelong effects.

Street drugs

The use of street drugs (e.g., marijuana, ecstasy, methamphetamines, cocaine and heroin) can harm your baby. Never use them while you're pregnant, while breastfeeding or looking after your baby.

Medication

Taking certain medications during pregnancy might cause serious birth defects for your baby. Talk to your doctor or pharmacist about any medications you are taking. These include prescription and over-the-counter medications and dietary or herbal supplements.

Alcohol

There is no known safe amount of alcohol a woman can drink while pregnant. When you are pregnant and you drink beer, wine, hard liquor, or other alcoholic beverages, alcohol gets into your blood. The alcohol in your blood gets into your baby's body through the umbilical cord. Alcohol can slow down the baby's growth, affect the baby's brain, and cause birth defects and foetal alcohol spectrum disorder (FASD).

Smoking

During pregnancy, the harmful chemicals in tobacco products and in second- and third-hand smoke pass through the placenta to your baby. It has been shown that smoking during pregnancy increases the risk of complications, such as low birth weight, stillbirths, miscarriage, decreased foetal growth, premature births, placental abruption and sudden infant death syndrome (SIDS).

Vaping can also expose your developing baby to nicotine, as well as other harmful substances. The best time to quit smoking or vaping is before you get pregnant, but quitting at any time during pregnancy can help your baby get a better start on life. >>





Buckle up for two

The best way to protect your unborn baby in a collision is for you to wear a seat belt. When you are pregnant it is best to travel as a passenger whenever possible to lessen the chance of hitting the steering wheel. Wearing a seatbelt during car and air travel is safe while pregnant. The lap strap should go under your belly, across your hips. The shoulder strap should go between your breasts and to the side of your belly. Make sure it fits snugly.



Safe travel

If you are planning a trip within the country or internationally, talk to your doctor first. Travel might cause problems during pregnancy. Avoid travel to areas where malaria is a risk. Malaria is dangerous in pregnancy and is associated with miscarriage, preterm labour and other severe illnesses for the mother. Find out about the quality of medical care at your destination and during transit. Check your medical insurance coverage – make sure your insurance provider knows you're pregnant.

- On longer trips or if travelling by air, stay hydrated and don't sit for long periods. Take breaks and do leg exercises to maintain circulation.
- If you're travelling by air, check with the airline, as many airlines have rules about how long you can continue to fly while pregnant.



Avoiding home and workplace hazards

There are some common environmental and workplace hazards that could be harmful to pregnant or breastfeeding people, or to household members when carried home on clothes, skin, and shoes. During pregnancy, avoid exposure to:

- Lead – found in some water and paints.
- Mercury – the harmful form is found mainly in large, predatory fish.
- Pesticides – both household products and agricultural pesticides
- Solvents – such as degreasers and paint strippers and thinners

Talk to your doctor or your employer about what you are exposed to at work. Certain industries, such as dry cleaning, manufacturing, printing, and agriculture, involve use of toxins that could be harmful.



Stay safe when working

Working during a healthy pregnancy is usually safe. However, some jobs have certain risks and demands. Talk to your doctor if you have any concerns. Standing or sitting for more than 4 hours without a break can reduce the blood flow to your baby and increase the swelling in your legs and feet.

If you have a physically demanding job, you'll need to take special care to protect yourself and your baby. If you do a lot of lifting, bending or climbing at work, talk to your healthcare provider about safe limits.



Educate yourself

Educate yourself about the different stages of pregnancy and be aware of the times when you need to seek medical help. Call your doctor if you have any of these symptoms:

- Pain of any kind
- Strong cramps
- Contractions at 20-minute intervals
- Vaginal bleeding or leaking of fluid
- Dizziness or fainting
- Shortness of breath
- Heart palpitations
- Constant nausea and vomiting
- Trouble walking, oedema (swelling of joints)
- Decreased activity by the baby

Source:

Women's Health - www.womenshealth.gov/pregnancy | Parents - www.parents.com/pregnancy
Canada Public Health Services - www.canada.ca/en/public-health



Make time for yourself

By caring for yourselves and taking care of your relationships, you are developing a safe and secure place for your new baby to come home to. Take the time over these next months to think about the parents you want to be. Give your baby the best chance possible by starting off healthy.

Make time for yourself every day, even if it's just a few minutes. You can start by writing a list of the things that help you relax –maybe a short walk with a friend, a bath, an afternoon nap or reading a book. You might want to try meditating, listening to music or going to a relaxation class. ■



Birthing options

Normal delivery vs Caesarean section.

Which is better?

By Dr Gynaecologist and Obstetrician, Dr Naseera Allie

Prior to the 1960s, most women in South Africa had little choice about their pregnancy and labour. Most deliveries were conducted in homes and those with complications were referred to a hospital.

This practice has changed to hospital or clinical deliveries as it is safer for the mother and the baby. The process of birth is

a beautiful and natural occurrence, and there are options for the birthing process.

As such, mothers are often faced with a dilemma of normal birth vs caesarean section. A woman can discuss her options with her doctor or medical provider. It is important to understand the pros and cons before making a decision.

Normal delivery

Birth is a different experience for every woman. Normal (vaginal) delivery offers a woman a more natural process.

The advantages include:

- Faster recovery time
- Reduced risk of infections
- Shorter hospital stay

The disadvantages of normal birth include:

- Trauma to mother (this includes perineal tears and incontinence)
- Hypoxia to baby while in labour and

delivery (baby does not have enough oxygen when the mother has a contraction or during the delivery) – resulting in hypoxic brain damage

- Trauma to baby at delivery
- Cannot schedule delivery
- More stress and anxiety while in labour
- Complications of prolonged labour e.g. infections

Caesarean section

A caesarean section occurs when the baby is delivered via an abdominal incision.

This is a surgical procedure and is performed in theatre after the mother has received an anaesthetic. If a caesarean is booked before the woman goes into labour then it is termed as an 'Elective Caesarean Section' or a 'Planned Caesarean'. If the caesarean is done after the labour has started it is referred to as an 'Emergency Caesarean Section', even though it may not actually be a true emergency, rather it was unplanned.

The main advantages of caesarean section:

- Avoidance of the complications of labour and delivery – birth injury to mother and baby
- Scheduled delivery
- Less likely to suffer from incontinence

The disadvantages include a higher rate of maternal morbidity and mortality. This includes:

- Higher rate of infections in the mother (wound and kidney)
- Anaesthetic complications
- Surgical complications: bleeding, adhesion formation (may affect future abdominal surgery)
- Possibility of delivery before the baby is ready
- Increased pain compared to normal delivery
- Longer hospital stay.

Knowing the above, it is important to discuss your options with your caregiver as there are certain indications for caesarean section where a normal birth would be dangerous to the mother or baby.

A caesarean section should be performed when the continuation of the pregnancy or labour will be harmful for the mother or baby, and normal birth is not considered safe for one or both of mother or baby.

This includes:

- Bleeding before labour or during labour
- High blood pressure and other medical conditions in the mother
- Suspected foetal distress (tired baby)
- Abnormal presentation – breech, cord, brow
- Multiple pregnancy
- Big baby
- Failure to progress in labour
- Failed induction of labour
- Failed forceps or vacuum delivery.



It is important for a mother to be involved in the decision to perform a caesarean section or a normal birth, as well as to be debriefed afterwards.

What is the right choice?

The birthing process is a personal experience that varies among individuals. You need to choose the best option that suits you.



Melomed Private Hospitals offer comprehensive maternity services for natural and caesarean births supported by experienced Gynaecologists practising from our facilities. We have fully equipped Neonatal Intensive Care Units and nurseries giving you peace of mind that your little blessing is well looked after during those precious first days. ■



ABOUT THE AUTHOR



DR. NASEERA ALLIE

MBChB (UCT), FCOG (SA), MMed (O&G)

Dr. Allie is a(n) Obstetrician/Gynaecologist and currently practices at Melomed Gatesville.

Tel: 021 637 4323

Email: drallie4@gmail.com

What is **Postpartum Depression (PPD)**?

PPD is a complex mix of physical, emotional, and behavioural changes that happen in a woman after giving birth. It's relatively common, and it's treatable. 1 out of 8 new moms suffer from baby blues – a normal short lived period of feeling sad, weepy, or moody that is triggered by hormonal changes after giving birth.



PPD is not just 'BABY BLUES'

PPD can occur up to one year after having a baby, but it most commonly starts about one to three weeks after childbirth.

Symptoms of Postpartum Depression

Women with PPD have intense feelings of sadness, anxiety, or despair that prevent them from being able to do their daily tasks.



Feelings of guilt, shame or hopelessness



Lack of interest in the baby



Feelings of anger or irritability



Possible thoughts of harming the baby or yourself



Appetite and sleep disturbance



Feeling guilty about not being a good mom or doubting your ability to care for the baby



Crying and sadness

Loss of interest, joy or pleasure in things you used to enjoy

Risk factors for Postpartum Depression

Postpartum Depression is probably caused by a combination of factors:



Previous or family history of depression



Teen pregnancy



Having a baby who has been hospitalised



Difficulty getting pregnant



Non-breastfeeding moms



Being a mom to multiples, like twins, or triplets



Stressful life events

What causes Postpartum Depression?

The precise cause of PPD remains unclear, however several biological mechanisms play a role in the development of the disease. The postpartum period is characterised by:



- Rapid decline of pregnancy hormones – oestrogen and progesterone decrease sharply in the hours after childbirth. These changes may trigger depression in the same way that smaller changes in hormone levels trigger mood swings and tension before menstrual periods.
- Oxytocin, “the bonding hormone” increase after delivery and with breastfeeding. Lower levels of oxytocin are associated with PPD.

These rapid hormonal changes among other emotional and physical changes (sleep deprivation) all play a role in PPD development.

How is postpartum depression treated?



Medication

PPD can be treated with anti-anxiety and anti-depressant medication. Anti-depressants balance the chemicals in the brain that control moods. It may take three to four weeks of taking the medication before you start to feel better.



Counselling & Education

Talk therapy (also called psychotherapy) is also used to treat depression, often in combination with medication. In talk therapy, you and a mental health professional discuss your feelings and how to manage them. Sometimes, therapy is needed for only a few weeks, but it may be needed for a few months or longer.

What should I do if I think I have Postpartum Depression?

If you think you may have PPD, or if your partner or family members are concerned that you do, it is important to see your obstetrician–gynaecologist (ob-gyn) or other healthcare professional as soon as possible. Do not wait until your postpartum check-up.

Source: labroots

ABOUT THE AUTHOR



DR. MBIKAYI TSHIMANGA

*MBChB (UNIKIN), Dip.Obst(SA), M.Med (O&G), (UFS),
FCOG (SA), F.MAS (India)*

Dr. Tshimanga is a(n) Obstetrician/Gynaecologist and currently practices at Melomed Richards Bay.

Tel: 035 791 5446

Email: drtshimangagynae@gmail.com

Melomed Hospitals have **specialist doctors to treat** all your baby's sickness and ailments.

From our specialised Paediatricians, Neonatologist, Ear, Nose & Throat (ENT) specialists to Baby Clinics.

Paediatricians



**Melomed
Mitchells Plain**
Dr O Adam
021 391 4967/8



**Melomed
Mitchells Plain**
Dr M Bassier
021 391 0199



**Melomed
Gatesville**
Dr M Ismail
021 633 0332



**Melomed
Gatesville**
Dr R Khan
021 637 3811/3817



**Melomed
Bellville**
Dr M Ledger
021 946 1347



**Melomed
Richards Bay**
Dr WJ Linton
035 789 0287



**Melomed
Mitchells Plain**
Dr MW Mathure
021 110 5145



**Melomed
Tokai**
Dr M Meyer
021 712 1643



**Melomed
Tokai**
Dr R Moore
021 110 5941



**Melomed
Mitchells Plain**
Dr V Singata
021 392 8255/8



**Melomed
Gatesville & Tokai**
Dr S Raban
021 023 0604
021 637 2358



**Melomed
Bellville**
Dr D Rhode
021 945 1898



**Melomed
Richards Bay**
Dr KP Seake
035 791 5428



**Melomed
Richards Bay**
Dr S Chetty
035 791 5535



**Melomed
Tokai**
Dr B Nondela
Paediatric Surgeon
021 764 7156

ENTS



**Melomed
Gatesville & Tokai**
Dr. J Stulinski
021 761 4909



**Melomed
Gatesville & Tokai**
Dr. S Ebrahim
021 637 7772



**Melomed
Mitchells Plain**
Dr. W Makhaye
021 110 5950



**Melomed
Richards Bay**
Dr. L Setoaba
035 791 5440



**Melomed
Bellville**
Dr. A Behr
021 945 1502



**Melomed
Bellville**
Dr. Z Doolarkhan
021 946 2191



**Melomed
Bellville**
Dr. R Mlauzi
021 110 5217

RHO BABY CARE CLINIC AT MELOMED BELLVILLE

Melomed Bellville, Suite 07 on the 1st Floor
Dr Rhode - Tel: 021 945 1898

The following services are rendered:

1. Follow up on newborn babies from the age of 2 weeks.
2. Immunisations of babies
3. Family Planning
4. Asthma Education
5. Responsible for doing lung functions for the pulmonologist.
6. Breastfeeding Education

Clinic Hours:

Mondays to Thursdays: 9:00 - 16:00, Fridays: 9:00 - 13:00

Open some Saturdays as per request and by appointment only.



MELOMED TOKAI BABY CLINIC

Melomed Tokai, Suite 406, 4th Floor
Dr Raban - Tel: 021 023 0604 / 074 192 8504

The following services are rendered:

1. Vaccinations
2. Breastfeeding Consultation
3. Circumcision
4. Family Planning
5. Paediatric Consultation





PathCare
100 years

Congenital Hypothyroidism

Hypothyroidism (underactive thyroid) is when the thyroid gland does not produce sufficient thyroid hormone. Low thyroid hormone causes the body to use energy more slowly and slows down metabolism.

When a baby is born with hypothyroidism it is called **congenital hypothyroidism**.

Thyroid hormone is also essential for normal brain development and therefore early treatment of **congenital hypothyroidism** is very important.

SIGNS AND SYMPTOMS

Most new-born babies with hypothyroidism will have no symptoms or signs whatsoever. This is why all new-born babies should have a blood test to check their thyroid.

Early signs of congenital hypothyroidism in a baby may include:

- Jaundice
- Swelling around the eyes
- Weak muscle tone
- Large belly with the navel sticking out
- Cool, pale, or dry skin
- Poor or slow growth
- A hoarse cry
- Difficulty feeding
- Constipation



WHAT CAUSES CONGENITAL HYPOTHYROIDISM?

Some infants are born with temporary hypothyroidism. This can be caused by, for example, premature birth, or thyroid disease in the mother. This form of hypothyroidism usually goes away by itself in the first weeks or months after birth.

In most cases, the cause is due to the thyroid which does not form correctly during the pregnancy. At birth, the baby may have no thyroid gland at all, or have a small, partially developed gland.

Thyroid testing is done on infants at birth as it is very important to diagnose and treat hypothyroidism immediately.

PathCare offers testing for Neonatal TSH. Contact your doctor for more information.