

ISSUE 13 | DECEMBER 2025

# M E L O b a b e s

healthy moms healthy pregnancy healthy baby



  
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### HOW TO KEEP YOUR HEART HEALTHY DURING PREGNANCY



Monitor your BMI, cholesterol, and blood sugar levels regularly.



Stay active and follow a healthy diet.



Watch for warning signs before and after pregnancy.



Stay stress-free.



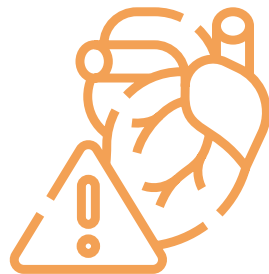
Consult your doctor to learn about the risks during and after pregnancy. ■



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# CONGENITAL HEART DISEASE IN CHILDREN



By Dr Ryan Moore

Congenital heart disease is an abnormality of the heart that a child is born with. Unfortunately, this condition is still missed in babies and children which can lead to severe long term problems if it is not detected early in life.

Congenital heart disease (CHD) is the most common congenital birth defect and nearly 1 in 100 newborns in South Africa will be affected by it. Nearly a quarter of these babies will have a severe or life-threatening (so-called "critical") congenital heart defect that requires urgent intervention in the first few days of life - this includes urgent medications and procedures including open heart surgery. Children with less severe heart defects may initially seem well but only become ill later on in life.

This group of conditions arises when there is a problem with the development of the heart during foetal growth, especially during the first 8 weeks. The causes for CHD are poorly understood, but science has shown that it is likely due to a combination of genetic and environmental factors. Some genetic conditions, such as Down Syndrome are known to be associated with CHD.

## RECOGNISING CHD IN BABIES

One of our big challenges lies in the early detection of critical CHD. The key lies in vigilance on the part of health care workers who care for babies as well as educating parents on the early signs and symptoms. After a baby is born, his/her cardiovascular system undergoes changes as it adapts to life outside the womb - as a result critical CHD may be asymptomatic at birth and may be overlooked, resulting in late detection and potentially dire consequences.

Antenatally, the most powerful tool that we have for detecting CHD is a detailed Fetal Anomaly Scan - however this may miss more subtle conditions and not every pregnant woman has access to these services.

In the newborn baby a very simple and useful tool (in addition to a good cardiac examination) is Pulse Oximetry Screening which will detect three-quarters of critical CHD - chat to your paediatrician about this test at the bedside.

**If congenital heart disease is missed it may later present with symptoms or signs of heart disease in their child:**



**Signs of excess blood flow to the lungs** such as shortness of breath (especially with feeding or playing), easily tiring or excessive sweating with feeding and poor weight gain. Your doctor may note that your child is growing poorly by plotting it on their growth chart. For a newborn baby, feeding is like exercise, and in some with CHD they may tire easily with feeds, stopping frequently or may sweat a lot.



**Signs of reduced blood flow to the lungs** - some babies with critical CHD may have a blue discolouration of the lips, tongue and chest - so called "central cyanosis". This is an indicator of low oxygen content in the blood as a result of "cyanotic CHD". This is not the same as the blue discoloration of the hands and feet commonly seen in newborns after birth ("acrocyanosis") - this is a benign condition and will resolve once baby is warmed nicely with socks and hand covers.



**Signs of poor systemic blood flow**, including pale or dusky skin with sluggish blood flow or breathing difficulties.



If parents notice their babies to have the above signs, they need to seek medical advice urgently and be immediately assessed by a paediatrician/ paediatric cardiologist. In addition to an urgent medical assessment, your doctor will take a detailed history, including a family history - a history of congenital heart defects in the family means a higher risk for CHD in a newborn. Children whose siblings or other family members suffered cot death or sudden cardiac death should also be assessed for CHD including disturbances of their heart rhythm.

If your doctor has any doubt or if you are still concerned they can arrange a referral to a paediatric cardiologist for a more detailed assessment including an echocardiogram.

Fortunately, with advances in modern medicine and medical science, many types of CHD can be treated and even cured with cardiac surgery. Advances in cardiac surgery and intensive care have made it possible for children with CHD to live healthy, normal lives. The first priority is early detection to ensure the best outcome!

**National Congenital Heart Disease Day is 3 December - help us raise awareness for South Africa's most common birth defect! ■**

## MEET THE DOCTOR



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# PACKING FOR TWO

## WHAT TO PACK IN YOUR HOSPITAL BAG

Here is a list of your must-haves (and some nice-to-haves) for the hospital. **Start packing about two weeks before your due date to make sure you're ready** for baby's big arrival.



### IMPORTANT THINGS

- Identity document
- Medical aid membership card
- Authorisation number
- Insurance information
- Birth plan
- A list of medications you are taking
  - including chronic medication
- Medical history such as allergies
- Cellphone and charger
- Camera, charger or batteries
- Two-point plug/double adapter



### FOR YOUR BABY

- Vests and sleep suits
  - clothes that fasten up at the front
- Socks, mittens, and hat
- Baby blankets/Receiving blanket
- Nappies
- Nappy cream
- Disposable baby wipes
- Petroleum jelly
- Cotton wool balls
- Baby powder
- Baby face cloths
- Newborn-sized dummy
- Outfit for leaving the hospital
  - clothes in different sizes for fit
  - consider the weather conditions
- Car seat
- Warm blanket (for the ride home)
- Formula, bottles, treats and sterilising equipment, if you plan to bottle-feed



### FOR YOUR PARTNER

- A change of clothing
- Toiletries
- Small pillow
- Entertainment
  - books/tablet/music player
- Any daily prescription medication
- Cellphone and charger
- Camera and its charger or batteries







### BAG ONE (LABOUR)

- A robe/dressing gown
- Warm, non-skid socks
- Comfortable slippers and flip-flops
- Headband or ponytail holder
- Lip balm
- Unscented massage oil or body lotion
- Water spray and sponge
- Facecloths
- Toiletry bag

#### EXTRAS:

- Hot water bottle/thermal pack  
- to relieve aches in the back or legs
- Energy sweets
- Relaxing entertainment
- Eye mask
- Earplugs



### BAG TWO (AFTER BIRTH)

- Nightdresses/pyjamas  
- front-opening for easy breastfeeding
- Easy-to-wear day clothes
- Comfortable underwear  
- it is better to bring comfy full briefs to hold the maternity pads
- Disposable underwear
- Nursing bras
- Maternity pads
- Night-time sanitary pads
- Breast pads
- Loose, lightweight clothing
- Comfortable outfit to wear home  
- something loose-fitting

#### EXTRAS:

- Fruit juice or mineral water
- Healthy snacks
- A comfy pillow from home  
- with a case that can get ruined
- A feeding cover  
- if you are expecting visitors
- Breastfeeding pillow ■





## WHEN YOUR NEWBORN ISN'T PICTURE PERFECT

# WHAT EVERY PARENT SHOULD KNOW

**The experience of childbirth and parenthood is an unknown “adventure”, which results in major changes in one's life and family.**

by Dr. Vuyelwa Singata

All parents worry about the possibility of unexpected outcomes like birth complications, prematurity, unforeseen abnormalities and surprise multiple pregnancies. Far from the pictures of chubby babies you're used to seeing on every magazine cover, website and pamphlet you've read throughout your pregnancy, your newborn's looks may come as a surprise. In other words, don't be alarmed if your newborn baby looks different than you expected. Your baby may be a little funny-looking. It is important to understand the effects of birth and that these are usually temporary. Here are a few basics you need to know about your new arrival.

### AN ABNORMALLY SHAPED HEAD

**CAPUT MEDUSA** (so called because of its resemblance to the head of the Greek goddess, Medusa) or moulding occurs as the skull squeezes through the birth canal. The pressure can result in localised swelling or overlapping of the soft skull bones. Moulding is normal, and your baby's head will become round in a few days.

**A CEPHALOHEMATOMA** is a pocket of blood (like a bruise) underneath a baby's scalp. It's more likely when forceps or a vacuum extraction is used to help pull a baby out during delivery or when a baby's head is forced up against the mother's pelvic bone during labour. This can cause blood to collect in the area, forming a lump. The lump is confined to one side of the top of the baby's head. Cephalohematomas are fairly common and no cause for concern. There's nothing you can do to treat the lump, which will go away within a few weeks or months.

**FONTANELLES**, the openings in the skull, that allow the baby to mould its shape to fit through the birth canal, is commonly referred to as the soft spots on the head. The large and prominent soft spot (the anterior fontanel) is on top of your newborn's head and shaped like a diamond. A smaller, triangular-shaped fontanelle is at the back of the head. Soft spots are covered by a thick fibrous layer and they're safe to touch. The rear fontanelle takes about three months to close, while a front one takes between 9 and 18 months.



## ABNORMAL-LOOKING SKIN OR SKIN COLOUR

**VERNIX** is a waxy-like, white substance that covers your baby's skin. Every baby is covered in vernix, even if you don't see it at birth. Vernix helps protect the baby's skin from amniotic fluid. Most of the vernix will disappear by the time of birth. Vernix comes off easily with wiping.

**PUFFY EYELIDS** due to the squeeze of normal birth and red marks on eyelids usually due to instruments used to assist during the birth, will disappear within a few days.

**MILIA** is a fine white rash over the nose and face that look like tiny pimples, due to keratin that is entrapped just below the top layer of the skin. These disappear in time.

**BIRTHMARKS** are present at birth or are clearly visible within the first month after birth. Birthmarks – ranging from temporary off-coloured patches to permanent splotches – are common.

- 01 Salmon patches** are pink or red areas, most frequently found on the back of the neck or on the bridge of the nose, eyelids, or brow (hence the fanciful nicknames “stork bite” and “angel kiss”). They generally disappear within the first year.
- 02 Strawberry or capillary hemangiomas** are raised red marks that look like a strawberry and are caused by collections of widened blood vessels in the skin. These may appear pale at birth, then become red and enlarge during the first months of life. They usually shrink and disappear without treatment within the first 6 years.
- 03 Mongolian spots** are flat patches that resemble ink stains on the back, buttocks, or elsewhere on the skin. The spots are caused by a concentration of pigmented cells and almost always fade or disappear by the child's 6th birthday.
- 04 Cafe-au-lait spots**, so called because of their “coffee with milk” light-brown colour, are present on the skin of some infants. These may deepen in colour (or may first appear) as the child grows older.
- 05 Port-wine stains**, which are large, flat, reddish-purple birthmarks, won't disappear on their own. As a child gets older, cosmetic appearance concerns may require the attention of a dermatologist.



**NEWBORN JAUNDICE**, a yellowish discoloration of the skin and white parts of the eyes, is a common condition that normally doesn't appear until the second or third day after birth and disappears within 1 to 2 weeks without any special treatment. Jaundice is caused by the accumulation of bilirubin (a waste product produced by the normal breakdown of red blood cells) in the blood, skin, and other tissues due to the temporary inability of the newborn's immature liver to clear this substance from the body effectively. Although some jaundice is normal, those babies with pathological jaundice need more investigations to determine the cause and will require phototherapy. >>

## SMALL FOR GESTATIONAL AGE (SGA) OR LOW BIRTH WEIGHT (LBW)

Small for gestational age is a term used to describe a baby who is smaller than the usual amount for the number of weeks of pregnancy. This means that they are smaller than many other babies of the same gestational age. These babies have not grown adequately during pregnancy which can be due to internal factors in the womb, such as infections or genetic defects, or external factors like maternal smoking, use of alcohol or poor maternal nutrition. Feeding after delivery is paramount for these babies. Lastly, prematurity remains a major problem for all parents and healthcare providers alike as it is often not preventable. A baby born before 37 completed weeks of pregnancy is considered premature.

Other terms often used for prematurity are preterm and “preemie.” Many premature babies also weigh less than 2500 grams and may be referred to as low birthweight (LBW).

A premature baby is ill-prepared for life outside the womb because all the organs are still growing and not yet functional. Therefore they need specialised care and attention as they may need help breathing, eating, fighting infection, and staying warm. The cause of premature birth is unknown in about half of all cases. However, some of the reasons babies are born prematurely include maternal and infant health.

Chances of survival have improved vastly in recent years. The morbidity and long-term quality of life of “preemies” are also much better than it was 20 years ago. The first 6 – 8 weeks after your baby’s birth is known as the post-partum period. It’s a time for re-adjustment for the baby, parents and the whole family at large.

Taking care of your newborn baby does not require any special skills – just some basic knowledge, a lot of common sense and willingness to seek help from healthcare providers. ■



## MEET THE DOCTOR



### DR. VUYELWA SINGATA

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Dr. Vuyelwa Singata is an Paediatrician and currently practices at Melomed Mitchells Plain.

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# CHILD EMERGENCY GUIDE

## CALL, TALK, SAVE

**START**



### BASIC INFO

Provide your name and contact number



### WHEN

Indicate when the incident occurred.



### HOW

Indicate what caused the illness or injury.



### WHO

Provide the child's name and age



### WHAT

Describe what is happening to the child now.



### WHERE

Provide the address of the child.

IF there is pain, indicate where this is. If there is bleeding describe where it is coming from.

MELOMED 24

**MELO24**

EMERGENCY SERVICES

### MELOMED EMERGENCY NUMBERS:

**Melomed 24 Ambulance:**  
0800 786 000

**Melomed Tokai:**  
021 110 5026

**Melomed Richards Bay:**  
035 791 5301

**Melomed Bellville  
Trauma Unit**  
021 948 8131

**Melomed Gatesville  
Trauma Unit**  
021 637 8100

**Melomed Mitchells Plain  
Trauma Unit**  
021 392 3126 ■

# PREGNANCY AND BLURRY VISION:



## BLURRED VISION



### WHAT YOUR EYES MIGHT BE TELLING YOU

#### **Blurry vision while pregnant? Here's what you need to know.**

If you're pregnant, you know you'll probably experience morning sickness or lower back pain. But you're likely to be surprised if your vision changes. The hormonal and physical changes that come with pregnancy can affect your eyesight – but most issues are usually minor and temporary, and your sight should return to normal after your baby is born.

However, any sudden change in vision that is obviously noticeable to you at any stage in your pregnancy should be reported to your optometrist, ophthalmologist, gynaecologist or GP without delay. Some potential issues to keep an eye on include:

Many expectant mothers are familiar with swelling in their feet, ankles, and fingers as a result of water retention. What is less well known is that this same fluid retention can occur within the eyes. The accumulation of fluid increases pressure inside the eyes, which may contribute to episodes of blurry vision during pregnancy. Some women will also notice a shift towards short-sightedness (myopia) during pregnancy, particularly in the second or third trimester. These changes are primarily driven by hormonal fluctuations that can affect the shape and thickness of the cornea or lens. As a result, the way light is refracted in the eye alters, leading to temporary changes in vision.

**What to do:** This condition may result in systemic health issues for you and your baby, so being checked as soon as possible is advised. The good news is that blood sugar usually returns to normal levels soon after delivery, and you can control gestational diabetes by eating healthy foods, exercising and, if necessary, taking prescribed medication.





## DRY EYES

**You may notice that your eyes are drier than usual, which can make contact lenses or blinking uncomfortable.**

**What to do:** Use over-the-counter artificial tears regularly throughout the day to ease dryness and relieve discomfort associated with blinking or wearing contact lenses. If these drops are not strong enough to relieve your symptoms, your eye doctor can prescribe an anti-inflammatory eye drop as well. However, if you wear contacts, check the label to make sure the drops can be used with contact lenses, as some contain preservatives that can damage soft contact lenses. Before using any new eye drops or medications during pregnancy, it is always advisable to consult your doctor first to make sure the ingredients are safe for pregnant women.



## GESTATIONAL DIABETES

**Gestational diabetes is a type of diabetes that arises during pregnancy when the body is unable to produce enough insulin to meet the increased demands, leading to elevated blood sugar levels. It can cause fluctuating blood sugar levels, which may affect the blood vessels in the eyes. High blood sugar can lead to swelling of the lens, resulting in blurred vision. Gestational diabetes can also increase the risk of other eye conditions, such as diabetic retinopathy, which may cause more serious vision problems if left untreated.**

**What to do:** This condition may result in systemic health issues for you and your baby, so being checked as soon as possible is advised. The good news is that blood sugar usually returns to normal levels soon after delivery, and you can control gestational diabetes by eating healthy foods, exercising and, if necessary,

It is important to have regular eye exams during pregnancy, particularly if you have existing eye issues, diabetes, or high blood pressure. These checkups usually include tests for vision sharpness, eye pressure, and overall retina health. Your doctor might also watch for problems like diabetic retinopathy or preeclampsia, which can both lead to vision issues. ■



## PREECLAMPSIA

**Vision changes can also be a sign of this potentially serious condition that occurs in a small percentage of pregnant women. It is characterised by high blood pressure and signs of damage to another organ system, most often the liver and kidneys. Preeclampsia usually begins after 20 weeks of pregnancy in women whose blood pressure had previously been normal.**

### Vision symptoms include:

- Temporary loss of vision
- Light sensitivity
- Blurry vision
- Seeing auras, flashing lights, or spots

**What to do:** If you have any of these symptoms, call your gynaecologist as soon as possible or go to the ER. Preeclampsia can progress rapidly and left untreated, can lead to serious – even fatal – complications for both you and your baby.

### Sources:

[www.my.clevelandclinic.org/health/symptoms/23114-blurry-vision-pregnancy](http://www.my.clevelandclinic.org/health/symptoms/23114-blurry-vision-pregnancy)  
[www.webmd.com/eye-health/pregnancy-and-vision](http://www.webmd.com/eye-health/pregnancy-and-vision)

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



Melomed  
Gatesville  
**Dr R Khan**  
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Melomed  
Gatesville & Tokai  
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**Paediatric Surgeon**  
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021 945 1502



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



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

## Baby clinics



### RHO Clinic

📍 Melomed Bellville Hospital  
☎ 021 950 8960

#### The following services are rendered:

- Follow up on newborn babies from the age of 2 weeks.
- Immunisations of babies
- Family planning
- Asthma education
- Responsible for doing lung functions for the pulmonologist.
- Breastfeeding Education

#### Clinic Hours:

Mondays to Thursdays: 9:00 - 16:00,  
Open some Saturdays as per request  
and by appointment only.

### Dr Raban

📍 Melomed Tokai  
☎ 021 023 0604

#### The following services are rendered:

- Vaccinations
- Breastfeeding consultation
- Circumcision
- Family Planning
- Paediatric Consultation



Gestational diabetes is diabetes diagnosed for the first time during pregnancy (gestation). Like other types of diabetes, gestational diabetes affects how your cells use sugar (glucose). Gestational diabetes causes high blood sugar that can affect your pregnancy and your baby's health.

During pregnancy you can help control gestational diabetes by eating healthy foods, exercising and, if necessary, taking medication. Controlling blood sugar can keep you and your baby healthy and prevent a difficult delivery.

If you have gestational diabetes during pregnancy, generally your blood sugar returns to its usual level soon after delivery. But if you've had gestational diabetes, you have a higher risk of getting type 2 diabetes. You'll need to be tested for changes in blood sugar more often.

## Symptoms

Most of the time, gestational diabetes doesn't cause noticeable signs or symptoms. Increased thirst and more-frequent urination are possible symptoms.

## Risk factors

Risk factors for gestational diabetes include:

- Being overweight or obese
- Not being physically active
- Having prediabetes
- Having had gestational diabetes during a previous pregnancy
- Having polycystic ovary syndrome
- Having an immediate family member with diabetes
- Having previously delivered a baby weighing more than 4.1 kilograms

## Complications

Gestational diabetes that's not carefully managed can lead to high blood sugar levels. High blood sugar can cause problems for you and your baby, including an increased likelihood of needing a surgery to deliver (C-section).

## Complications that may affect your baby

If you have gestational diabetes, your baby may be at increased risk of:

- Excessive birth weight
- Early (preterm) birth
- Serious breathing difficulties
- Low blood sugar (hypoglycemia)
- Obesity and type 2 diabetes later in life
- Stillbirth

## Complications that may affect you

Gestational diabetes may also increase your risk of:

- High blood pressure and preeclampsia
- Having a surgical delivery (C-section)
- Future diabetes



PathCare offers testing for allergies. Please contact your doctor for more information.