

ISSUE 2 | DECEMBER 2022

M E L O b a b e s

healthy moms healthy pregnancy healthy baby




M E L O M E D
PRIVATE HOSPITALS

HEALTHY EATING
HABITS DURING
PREGNANCY **04**

THE IMPORTANCE OF
EARLY BOOKING IN
PREGNANCY **06**

KEEPING BABIES
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DID YOU KNOW?

Infant colic affects 1 in 5 babies



All babies cry, but your baby may have colic if they cry more than three hours a day, three days a week for at least one week but are otherwise healthy. It can start when a baby is a few weeks old. It usually stops by the time they're three to four months old. They may cry more often in the afternoon and evening.

IT MAY ALSO BE COLIC IF, WHILE THEY ARE CRYING:

- It's hard to soothe or settle your baby.
- They clench their fists.
- They go red in the face.
- They bring their knees up to their tummy or arch their back.
- Their tummy rumbles or they're very windy.

SEE YOUR PAEDIATRICIAN IF:

- You're worried about your baby's crying.
- Your baby has colic, and nothing seems to be working.
- You're finding it hard to cope.
- Your baby is not growing or putting on weight as expected.
- Your baby still has symptoms of colic after four months of age.

If your little one is experiencing colic, remember you are not alone. Make an appointment with a paediatrician to check for possible causes of your baby's crying. ■

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Gestational diabetes

Is your baby's health at risk?

Almost 9% of pregnant women suffer from gestational (pregnancy) diabetes in South Africa. Gestational diabetes, which only occurs during pregnancy, is diagnosed when blood glucose levels are above normal, but below the levels at which type 2 diabetes is diagnosed. Although gestational diabetes often goes away after pregnancy, it may pose several health risks to you and your baby during pregnancy, and it may also increase your risk for type 2 diabetes later in life.

Causes of gestational diabetes

When your body digests carbohydrates, it is broken down into glucose that enters your bloodstream. To ensure that blood glucose levels stay normal, your pancreas, a gland behind your stomach, produces the hormone insulin that helps to move glucose from your blood stream into your cells, so that they can use it for energy. If your body doesn't produce sufficient insulin levels or if it can't use insulin

effectively, blood glucose levels will rise, which can have an immediate effect on your health or, if it persists, long-term effects, including an increased risk of cardiovascular disease, heart attack, and stroke.

During pregnancy, blood glucose levels tend to be higher due to hormonal changes in your body. The placenta, which connects your baby to your blood supply, produces high levels of hormones that can interfere with the function of insulin in your cells. As your baby grows, your placenta produces more of these hormones, which is why gestational diabetes usually develops in the later stages of pregnancy – sometimes as early as 20 weeks.

Most pregnant women will experience slightly higher blood glucose levels during pregnancy, especially after meals. However, when your body is not able to handle these changes, it may develop into gestational diabetes.

Risk factors

Any pregnant woman can develop gestational diabetes, but these factors could increase your risk:

- **Your age:** The older you are when pregnant, the greater your risk.
- **Family history:** If a family member like a parent or a sibling has type 2 diabetes, your risk for gestational diabetes increases.
- **Personal history:** You're more likely to develop gestational diabetes if you had it during a previous pregnancy, if you delivered a baby that weighed more than 4.1 kg, if you had an unexplained stillbirth, or if you have prediabetes (slightly high blood glucose levels that may be a precursor to type 2 diabetes), according to the Mayo Clinic.
- **Excess weight:** People who are overweight or obese have an increased risk of gestational diabetes (particularly central obesity prior to falling pregnant). Your risk also increases when you put on a lot of weight during pregnancy.

Many people believe that gestational diabetes is directly caused by eating too much sugar during pregnancy. Although too much sugar and unhealthy carbohydrates can contribute to other risk factors like weight gain and obesity, it is not directly linked to gestational diabetes.



Symptoms

Gestational diabetes often has no symptoms or may be mild or similar to other symptoms that are common during pregnancy, like frequent urination, excessive thirst, excessive hunger, and fatigue. Usually, your obstetrician will check your glucose levels during your routine prenatal visits to ensure your health.

Health risks of gestational diabetes

If left undiagnosed and untreated, gestational diabetes can pose serious risk for both mom and baby, and according to the World Health Organisation's Global Report on Diabetes, it can greatly increase the risk of foetal loss, congenital malformations (e.g. heart defects, cleft lip and palate, Spina bifida, and limb defects), stillbirth, obstetric complications (e.g. infections and syndromes), and maternal mortality (when mother dies from pregnancy or child-birth related complications).

It can also raise your risk of high blood pressure and preeclampsia, which is a serious condition that causes high blood pressure, and may cause kidney damage, and other problems.

Another risk factor of gestational diabetes is that it increases your risk for type 2 diabetes later in life.

The importance of a healthy lifestyle

If you have been diagnosed with gestational diabetes, it is possible to control it through a healthy diet and exercise while monitoring your blood sugar levels regularly to make sure they are staying in a normal range. If diet and exercise are not sufficient, insulin injections may be prescribed by your doctor. ■

A kitchen counter with various fruits and vegetables. On the left, there is a red apple, a green apple, and a tomato. In the center, a wooden cutting board holds a knife and a small bowl of yellow liquid. To the right, a large wooden bowl is filled with a mix of vegetables, including broccoli, tomatoes, and bell peppers. A person's arm is visible in the background, wearing a blue and white striped shirt.

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The importance of **Early Booking** in pregnancy

By Dr Nkanyane

To have a positive pregnancy experience with less complications for you and your baby it is important to see your health care provider as soon as you find out that you are pregnant or as early as the first missed menstrual period. Your health care provider can be the local clinic or hospital where you stay, the general practitioner with experience in ante-natal care or your obstetrician. This first visit is called the “booking visit” and the benefits of this early first visit will be discussed below. Ideally it is important to consult your health care provider even before you fall pregnant so that you become physically and emotionally prepared for the pregnancy journey.

ACCORDING TO THE GUIDELINES FOR MATERNITY CARE IN SOUTH AFRICA, THE BOOKING VISIT COMPRISES MAINLY OF THE FOLLOWING:

- Screening of pregnancy problems.
- Assessment of pregnancy risk, whether it is a high-risk or a low-risk pregnancy.
- Treatment of problems that may arise during the ante-natal period, such as optimizing the blood level (haemoglobin) to prevent anaemia from developing.
- Giving medications that may improve pregnancy outcome, such as Folic acid and Calcium.
- Provision of information to the pregnant woman, as they say that “knowledge is power”.
- Physical and psychological preparation for childbirth and parenthood, which can ease most anxieties associated with the transition to motherhood.

Screening of pregnancy problems such as developing high blood pressure during pregnancy, gestational diabetes, recurrent miscarriages, pre-term delivery, having a baby with genetic conditions such as Downs syndrome can be done from the first visit. Based on the presence of certain risk factors women can then receive the appropriate interventions early in the pregnancy to prevent adverse outcomes. For example, high blood pressure in pregnancy and its complications is one of the leading causes of maternal deaths and poor outcomes for the baby. Early delivery is often warranted either to improve the mother's condition or because the baby is not growing well. Women at high risk for this condition who are identified earlier in the pregnancy can be offered medication that can help to reduce the complications of this disease. A second example is of women at high risk of having a baby with a genetic condition such as Down's syndrome. These women can be offered screening tests to

detect their level of risk and subsequently further tests to diagnose if their baby is affected or not; this will enable the couple to make informed decisions about further management of the pregnancy.

After this first visit a provisional ante-natal care and a delivery plan can be discussed with the patient bearing in mind that the course of the pregnancy can change with the possible emergence of other health challenges. Earlier referral to a higher level of care or another specialized health care provider can also be done, depending on the patient's condition and level of risk, which contributes to better management of the pregnancy and better outcomes for both mother and baby.

Some of the barriers to booking early are traditional beliefs of keeping the pregnancy a secret for about five months, women relying on their previous pregnancy experiences and neglecting early booking, the cost of these visits (financial or time-taken off work) and accessibility.

Women with such barriers are encouraged to seek the opinion of their healthcare providers on how to overcome some of these factors as the benefits of early booking are far more important.

CHECK-UPS, SCANS AND TESTS DURING PREGNANCY.

Your first visit may be one of the longest you'll have during your pregnancy – and the most comprehensive.

First Visit

1. Confirming pregnancy and your due date
2. Medical and family history
3. Blood pressure, height and weight
4. Full blood test
5. Urine test
6. Generic screening tests
7. Cervical screening
8. Vitamin D deficiency ■

ABOUT THE AUTHOR



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Tips on choosing an Obstetrician & Gynaecologist



Here's how to pick the right doctor to ensure you and baby will be well cared for when you are expecting.

If you've just found out that you're pregnant, you'll know there's loads to be done before the arrival of your little one. One of the most important things to consider is a good obstetrician & gynaecologist (OB-GYN or O&G for short) to support you during pregnancy and delivery.

Who's who.

What is the difference between an OB-GYN and your regular doctor? And between a gynaecologist and obstetrician?



An OB-GYN is a doctor who specialises in female reproductive health. This encompasses both obstetrics and gynaecology. Obstetrics involves care of a woman during pre-conception, pregnancy, childbirth and immediately after delivery.

Many doctors chose to practice both obstetrics and gynaecology, so they can provide holistic care to patients in all areas.



A gynaecologist looks after medical issues affecting a woman's general reproductive organs, like the ovaries, fallopian tubes, cervix, vagina and uterus. They don't typically deliver babies or treat pregnant women but do screenings like pap smears and pelvic exams.

Here are tips to help you make the right decision

1

GET RECOMMENDATIONS

A good start in your search for an O&G doctor would be to ask for recommendations. Your best friend, a sister, or a colleague may be able to share with you why they picked their doctors.

Find out what they like about him or her, and why they'd recommend them. Perhaps they like the doctor's demeanour, or maybe the doctor has a tremendous amount of experience. Their recommendations should give you a good feeling.

2

DO YOUR RESEARCH

There are plenty of online resources these days. Besides searching for individual doctor reviews, check out local parenting forums and websites. Blogs are another resource – parents often write about their O&G doctor visits on their social media pages.

Many O&G doctors also have their profile, qualifications, experience and accolades listed on the website of their practicing hospital. For example, Melomed Private Hospital's *Find a Doctor* page lets you search for doctors based on their speciality.

Learn more about the doctors' policies too.

3

FACTOR IN THE COST

Having a baby doesn't come cheap. You'll need to see the doctor at least once a month and there's also delivery costs to consider. Making several phone calls should help you determine the fees that your potential O&G doctor will charge.

4

LOCATION, LOCATION, LOCATION

Throughout your pregnancy, you need to see your OB-GYN numerous times. In the first two trimesters of your pregnancy, you visit your OB-GYN at least monthly.

After that, you should come into the office every two weeks, and after 36 weeks, weekly visits are recommended. That's a lot of visits and potentially a lot of driving, so you should choose a doctor that's close to your home. Where your OB-GYN's practice is located is especially important if you experience pregnancy complications. This may include symptoms like regular spotting during

5

DECIDE ON THE GENDER

Not of your baby – but your doctor. Some women (or their husbands) find it awkward to have a male O&G doctor, or you may feel that a female doctor may be able to understand your needs better. It's a good idea to discuss the gender of your potential doctor as a couple, before deciding which direction to take.

6

FACTOR IN YOU AND YOUR BABY'S HEALTH

If you have chronic medical conditions – like diabetes or thyroid issues – you may need special care during your pregnancy. If so, you may want to consider seeing a doctor who has treated expectant mums with that particular health condition.

Women with a high-risk pregnancy may also want to pick an OB-GYN who specialises in these conditions. For example, you may be an older mum, are carrying multiples or a special needs baby, or you may have had previous miscarriages. >>

7

CHOOSE THE HOSPITAL YOU WANT TO DELIVER AT

You'll need to decide if you want to deliver at a private or public hospital. Factors to consider include waiting times and the ease of securing appointments, and costs.

Whilst private hospitals might be more expensive, administration and waiting times tend to be shorter in private hospitals. Melomed Private Hospitals offer luxurious delivery room amenities, as well as the Melobabes Programme to support you in your journey to becoming a new mum.

8

ASK ABOUT THE PREFERRED BIRTHING METHOD

You may have your ideal birth plan in mind, but things don't always go according to plan. For instance, your baby might be really big, or you may have a breech baby. In such situations, some doctors may recommend a C-section. Your Melomed Gynaes' aim to support you and will be happy to discuss your preferred birthing options, normal or caesarean delivery with you, whilst giving advice about what is safest for you and your baby.

9

ASSESS HOW COMFORTABLE YOU ARE

You're forming what could be a lasting partnership with a doctor who will have a significant impact on your health. So, take all the time you need to find one that makes you feel comfortable and at ease with every aspect of your reproductive, hormonal, and sexual health.



Melomed Obstetricians and Gynaecologists

Our Obstetricians and Gynaecologists are ready to guide and support expectant mothers with their exciting journey ahead. Our specialists have decades of experience in delivering babies. For more information visit www.melomed.co.za ■



KEEPING BABIES COOL IN HOT WEATHER



Follow these tips to **keep your baby cool during hot weather.**

Dress light



Dress your baby in light clothing and use layers to adjust to the temperature.

Avoid direct sunlight



Babies under 6 months should not be out in direct sunlight. Use sunscreen for babies over 6 months.

Plenty of fluids



Offer an extra breastfeed or bottle for babies under 6 months. Babies may also require shorter feeds but more often.

Use a fan



Use a fan to help circulate cool air. If using an air conditioner, don't let it get too cold.

Cool bath



Give your baby a cool bath, especially before bedtime.

Shade, don't cover



Pram should be shaded, not completely covered to allow air to circulate.

Warning signs for heartstroke

- Rising body temperature - above 40°C
- Heavy sweating that suddenly stops
- Pale, clammy skin
- Rapid heartbeat and breathing
- Headache and muscle cramps
- Sunken fontanelle (soft spot on baby's head)
- Dark urine and not as frequent urination
- Dry mouth and eyes
- Being sleepy or 'floppy'
- Confusion, shortness of breath and vomiting



If your baby or older child has any of the signs above, they need urgent treatment. Call 0800 786 000 for a Melomed 24 emergency ambulance or take your baby to a hospital or health centre. ■

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



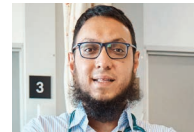
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Melomed Richards Bay
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Melomed Mitchells Plain
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Melomed Tokai
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Melomed Tokai
Dr R Moore
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Melomed Mitchells Plain
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Melomed Gatesville & Tokai
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Melomed Richards Bay
Dr N Sheik
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Melomed Tokai
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Paediatric Surgeon
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ENTs



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Melomed Gatesville & Tokai
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Melomed Bellville
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Melomed Bellville
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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

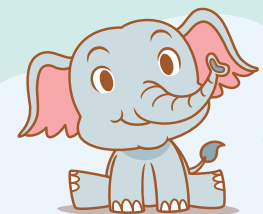
Open some Saturdays as per request and by appointment only.

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



Gestational Diabetes

Gestational diabetes starts when your body is not able to make and use all the insulin needed for pregnancy. Without enough insulin, glucose cannot leave the blood and be changed to energy. Glucose builds up in the blood to high levels, and is called hyperglycaemia.

Gestational diabetes affects the mother in late pregnancy, after the baby's body has been formed, but while the baby is busy growing. Because of this, gestational diabetes does not cause the kinds of birth defects sometimes seen in babies whose mothers had diabetes before pregnancy.

However, untreated or poorly controlled gestational diabetes can hurt your baby. When you have gestational diabetes, your pancreas works overtime to produce insulin, but the insulin does not lower your blood glucose levels. Although insulin does not cross the placenta, glucose and other nutrients do. So extra blood glucose goes through the placenta, giving the baby high blood glucose levels. This causes the baby's pancreas to make extra insulin to get rid of the blood glucose. Since the

baby is getting more energy than it needs to grow and develop, the extra energy is stored as fat.

This can lead to macrosomia, or a "fat" baby. Babies with macrosomia face health problems of their own, including damage to their shoulders during birth. Because of the extra insulin made by the baby's pancreas, newborns may have very low blood glucose levels at birth and are also at higher risk for breathing problems. Babies born with excess insulin become children who are at risk for obesity and adults who are at risk for type 2 diabetes.

PathCare offers testing for blood glucose levels. Consult your doctor for more information

