

ISSUE 5 | DECEMBER 2023

M E L O b a b e s

healthy moms healthy pregnancy healthy baby

CLICK
HERE TO
VIEW




M E L O M E D
PRIVATE HOSPITALS

AM I IN LABOUR?

01

COMMON AILMENTS
DURING PREGNANCY

07

BABY'S FIRST YEAR
MILESTONES

10



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 Am I in labour?
- 02 Stitching up: How to recover quickly after delivery
- 07 Common ailments during pregnancy
- 10 Great expectations: Baby's first year milestones



HEALTH BYTES

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

Am I in labour?

You are in labour when your contractions become regular. You will probably need to go to hospital when your contractions are 5 minutes apart (measured from the start of one contraction to the start of the next). You should also go to the hospital if your waters break or you are bleeding bright red blood.

Timing contractions is the best way to determine if you're in labour.
Learn how to time your contractions and why it's important.

How to time contractions



1. When a contraction begins, write down the time.



2. When a contraction ends, write down the time.



3. Note how long the contraction lasted.



4. Mark the start time of the next contraction.

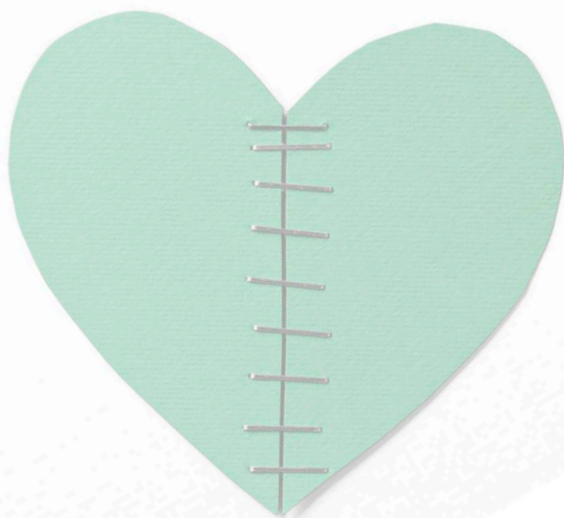


Head to the hospital when the contractions last for **45 to 60 seconds every 3-5 minutes.** ■



MELObabes is on 

Follow us @melomed_melobabes



STITCHING UP

How to Recover Quickly After Delivery

Postpartum recovery and wound care

By Annette Bing (Midwife and Certified Lactation Consultant)

Properly caring for your stitch line (if you have one) after giving birth is a crucial part of postpartum care. Adjusting to the demands of motherhood and the changes in your body can be overwhelming and exhausting. The last thing you need is an infection complicating your recovery. To help you navigate this period, here are some important points to remember.

If you've had a **normal (vaginal) delivery...**

As your baby is being delivered a tear can occur. A tear involves the skin and muscle of the perineum (the area between your vagina and anus). A tear can also occur inside your vagina and in the labia. An episiotomy is a cut made through the vagina wall and the perineum to allow more space for delivery of your baby. Usually this is indicated if there are any difficulties delivering the head, or foetal distress where a quick and safe delivery of the baby is required. In some instances where an instrumental delivery, such as a Ventouse vacuum extraction or forceps are used, an episiotomy may be performed prior to create a wider opening.

Factors that **increase the risk of perineal tears**



It's your first vaginal birth



Your birth happens quickly



Forceps are used



An episiotomy is performed



Your baby is larger than average or in an unusual position



You give birth lying down



Labour lasts over an hour



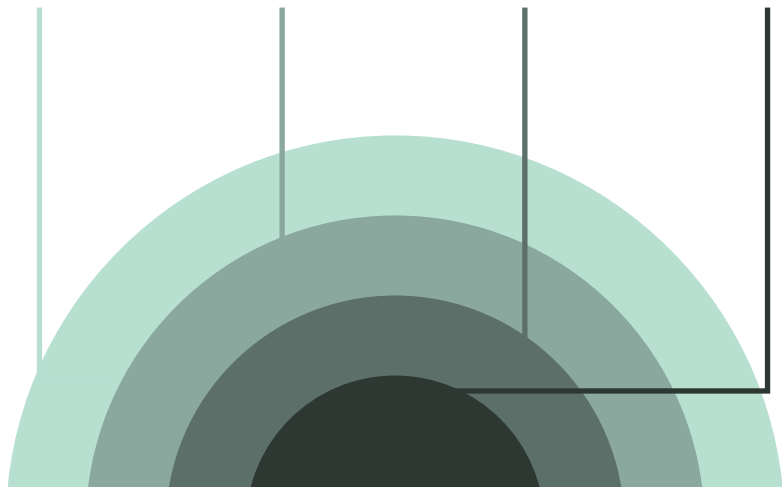
The birth is affected by shoulder dystocia

Perineal repair

Often superficial tears of the labia and some first degree tears may be left alone to heal on their own. Most second degree and some third degree tears are sutured under local anaesthetic in the delivery room. Some third and fourth degree tears are sutured under spinal general anaesthetic in theatre.

The different types of perineal tear

1 st DEGREE TEAR	2 nd DEGREE TEAR	3 rd DEGREE TEAR	4 th DEGREE TEAR
A small tear or graze that only impacts the mother's skin	Affects both the perineum muscle and the skin surrounding it	A deeper cut, impacting the skin, the perineum muscle and some of the muscle around the anus	An even deeper cut, damaging the anal sphincter muscle and the skin lining the anal canal >>



Perineal care and comfort

Your perineum may be very sore for the first few days after a vaginal birth. You can help healing with proper perineal care. Here are some tips that will help with perineal comfort and care:

- + Avoid standing for long periods to reduce the swelling.
- + If too painful, avoid sitting or putting direct pressure on the sutures. You can also buy a circular tubular foam ring to sit on which helps. Lie on your side, rather than sitting, when you rest, sleep or breastfeed.
- + You can wet a sanitary pad with water and freeze it. Put the frozen pad on your perineum for 20 minutes at a time during the first 24 hours or more after birth. Do not reuse frozen pads. You can also use frozen ice packs, gel packs or frozen peas to help reduce the swelling in perineal area. Ensure they are not applied directly but wrapped in a clean dry cloth.
- + Try taking a warm sitz bath. Sitting in a shallow bath with warm water can help soothe, cleanse and heal the perineum. By adding a handful of salt and a few drops of Lavender essential oil, makes it mildly antibacterial. If the perineum is very swollen and painful, try sitz baths morning and evening. If moderate pain, then do a sitz bath every evening, as the swelling usually is worse at the end of the day. Avoid using any soap on the perineal area and no rubbing to avoid any irritation.
- + It helps to pour a jug (or use a squeeze bottle) of warm salt water over perineum while passing urine to avoid urine stinging the wounds. Drink plenty of fluids to ensure the urine is diluted and not concentrated. Gently dry your perineum with toilet paper, patting dry from front to back.
- + Change sanitary pads frequently - each time you go to the bathroom, at least 5 times a day or 4 hourly when flow is heavy and wear large supportive cotton underwear.
- + Take pain medicine as recommended by your healthcare provider. This may help you feel more comfortable when sitting. Anti-inflammatory tablets e.g. Ibuprofen taken 6 - 8 hourly are very useful to help reduce swelling and pain. Paracetamol on its own is not as effective. If you're breastfeeding, only a small amount of this medicine will pass to your baby through your breastmilk and is safe for your baby if taken as directed.
- + Avoid constipation by drinking lots of fluids, eating fresh fruit and vegetables, and foods rich in fibre. If this is not enough, take medications such as stool softeners like Movicol to keep stools soft while perineum healing. Avoid medication that increase constipation, like codeine.
- + Do perineal care until your vaginal flow stops. If you have an incision from an episiotomy, it will likely heal in 2 to 4 weeks. The stitches will dissolve on their own but can take up to 6 to 12 weeks to completely dissolve. You may notice small pieces of the stitches on your pad as your body heals.



When to see your doctor

If the sutures are unbearably tight, you may need to have one released if possible. If there are any signs of infection, wound breakdown, offensive smelling lochia (discharge), or any flu-like symptoms or fever, then see your doctor immediately. If pain killers are not enough to manage the pain, see your doctor.

If you've had a caesarean birth...

After a caesarean birth, you will have a horizontal incision – about 10 to 15cm on your lower abdomen, in the bikini line. This area may be quite painful. You may:

- + see small amounts of blood or pink fluid coming from the incision
- + feel after-pains
- + feel gas pains
- + have bruising around or along your incision (this will go away)



Keep the dressing on until your doctor advises to remove it. The stitches are usually taken out 3 to 5 days after your baby is born. Dissolvable stitches don't need to be taken out because they dissolve on their own in 7 to 14 days.



*Cleanse wound daily with surgical spirits and a cotton wool pad. If there is a part that is gaping, then cleanse that last, i.e. start cleansing over the closed clean area and end wiping over the gaping part. Pat dry with sterile gauze (not fluffy cotton wool). Apply micropore tape over the wound if closed and healing well to reduce keloid scarring.

**Large abdomens or pendulous abdomens of mums that are overweight need extra attention and care to avoid wound infection. The extra weight of the abdomen can create extra tension on the wound, as well as keep the area sweaty, and moist and make it more difficult to clean. So get help from a partner, family member or friend. Mom can lie on her back on the bed and lift her tummy up to expose the wound. The partner can then cleanse the wound thoroughly, dry properly and apply the micropore tape once original dressing is removed.*



Wear supportive large cotton/lycra underwear, that covers the wound and tummy and does not chafe in the fold of the wound.



Take the pain medicine and anti-inflammatories prescribed to you by your healthcare provider to help manage the pain and swelling. This is safe for your baby. If you're breastfeeding, only a very small amount of this medicine will pass to your baby. Your incision will hurt less over time.



Manage your bowel movements to keep them regular and soft so you do not strain.



Do not over exert yourself and do not lift anything heavier than your baby in the first 6 weeks.

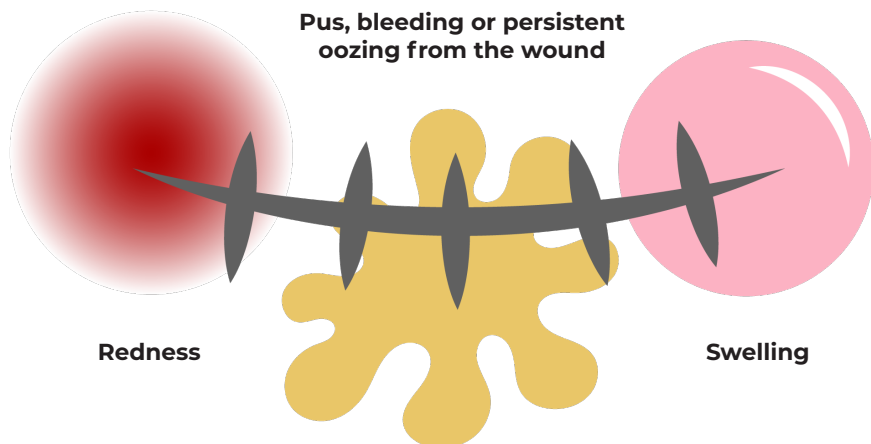


Document the wound by taking a photograph, so if there is any deviation from the norm you can track the progress, or send a picture to the gynaecologist if you are not sure. >>



Warning signs to look out for in a C-section wound:

- + Increased oozing or blood coming from the incision, redness and swelling
- + There is yellow or green discharge coming from your incision – especially if it is offensive smelling
- + Your pain gets worse, or isn't helped by the pain medicine
- + Your incision is opening up or gaping
- + Red, hot, swollen, and tender areas around your incision may be signs of a haematoma (a pocket of collection of fluid under the skin).
- + You have flu-like symptoms and a fever of more than 38°C



You are always given a follow-up date after birth, but noticing any of the warning signs warrant an earlier visit to your gynaecologist. You may need to take a course of antibiotics and be referred to a wound care sister to irrigate and manage the wound. Catching the signs of infection early can help you recover faster and avoid any complications. ■



Sleepy Hollow Clinic

Services offered

- Antenatal Education classes
- Postnatal Home Visits / clinic appointments
- Lactation consulting
- Postnatal Coffee mornings for moms and babes/toddlers
- Infant Massage Classes
- Forum for Moms to swap or sell baby wear / equipment
- Fertility support



Annette Bing

Registered Midwife &
Certified Lactation Consultant

MOBILE: 084 367 1005

EMAIL: info@sleepyhollowclinic.co.za

WEBSITE: sleepyhollowclinic.co.za



Sleepy Hollow Clinic - Noordhoek

Common ailments during **PREGNANCY**

By Dr Jayeshnee Moodley

Although most women have completely normal and healthy pregnancies, various minor ailments may trouble you during these special nine months. Most are actually more irritating than real cause for concern, and many of the aches and pains can be explained away as a combination of carrying that extra weight, hormonal changes and resulting tiredness.



A few of the more common complaints during pregnancy and what to do about them:

BACKACHE

Progesterone – a hormone that is increased 50 to 60 times during pregnancy – causes softening and stretching of the ligaments that support the lower back and pelvic bone. It also relaxes the ligaments that support the spine, putting extra strain on the muscles and joints of the lower spine, pelvis and hips. The increasing load of the uterus, as well as bad posture, can aggravate the problem of backache.

What to do

- Try to maintain a good posture and do exercises to strengthen the muscles supporting the spine
- Wear sensible shoes and avoid high heels
- Avoid heavy lifting
- Try to rest on a good, firm mattress
- Massage may relieve some of the discomfort

Try to maintain a good posture and do exercises to strengthen the muscles supporting the spine.

CONSTIPATION

The pregnancy hormone progesterone also relaxes the muscles of the intestine, which results in a slowing down of bowel movements. The bowel contents tend to stagnate and dry out, making the stools hard and difficult to pass.

What to do

- Increase your fluid intake to 2 to 3 litres of water per day
- Include plenty of fibre, fresh fruit and vegetables in your diet
- Regular exercise will help alleviate the problem
- Avoid laxatives
- Iron supplements may worsen constipation >>



CRAMPS

Cramps in the calf muscle, thigh and feet are common during pregnancy. They are usually caused by low levels of calcium and/or magnesium in the blood or, in rare cases, by lack of salt in the diet.

What to do

- Firmly massage the affected area, flexing your feet upwards
- Eat calcium-rich foods, such as dairy products, fish, almonds, lettuce and broccoli, to name a few
- If cramps persist, your doctor may prescribe a calcium/ magnesium supplement

HEARTBURN

In early pregnancy, the muscular valve at the entrance to the stomach relaxes, allowing stomach acid to flow up into the oesophagus, causing a burning sensation. In later pregnancy, the baby may press upon the stomach, forcing the acidic contents back into the oesophagus.

What to do

- Avoid spicy foods and carbonated drinks (low pH means they're highly acidic)
- Avoid too much tea, coffee and smoking, as they all cause acidity
- Have smaller and rather more frequent meals and don't eat a meal just before going to bed
- Prop yourself up in bed so your head and upper body are slightly elevated
- Drink a warm milk drink at night – it may help
- Use antacids to provide symptomatic relief, but avoid excessive use

HAEMORRHOIDS (PILES)

Piles are varicose veins that occur in the rectum. As your baby grows, the pressure it places on the rectum hinders the blood flow to the heart. This causes blood to pool and the veins to dilate to accommodate the extra blood. Although piles could lead to constipation or painful stools, they are mostly harmless and usually disappear after childbirth.

What to do

- Drink plenty of fluid
- Eat high-fibre food and lots of fruit and vegetables to avoid constipation
- Relieve discomfort by using cold compresses or, in more severe cases, a local anaesthetic ointment

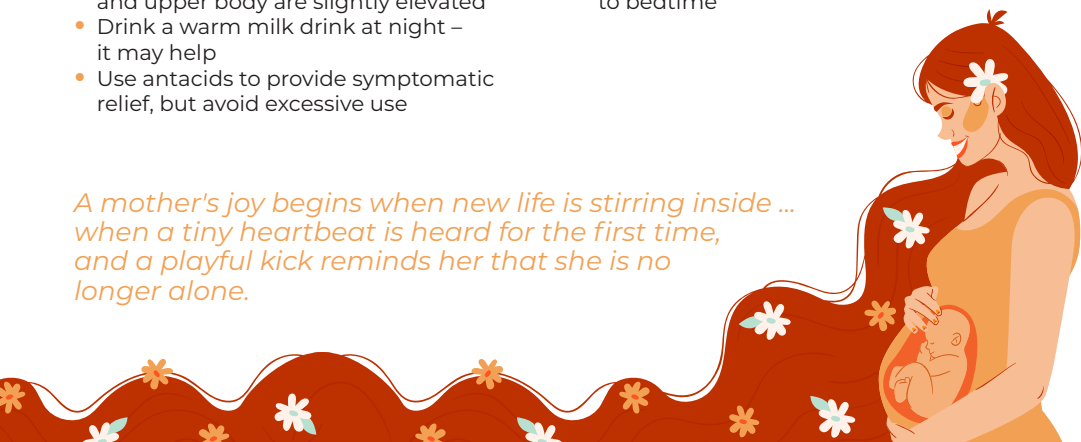
INSOMNIA

Sleeplessness is a common complaint during all three trimesters in pregnancy. It is usually caused by a general increase in your metabolism and also simply by the fact that you need to urinate more often and consequently wake up during the night. Also, your growing baby does not recognise night from day and is usually on the go, whatever the hour.

What to do

- Try to rest during the day
- Take a warm bath and a hot milky drink before going to bed
- Avoid heavy meals close to bedtime

A mother's joy begins when new life is stirring inside ... when a tiny heartbeat is heard for the first time, and a playful kick reminds her that she is no longer alone.



MICTURITION (FREQUENT URINATION)

Early in pregnancy, hormonal changes stimulate the muscular wall of the bladder and the growing foetus presses on the bladder, resulting in an urge to pass urine more often. Later in pregnancy the weight of the uterus on the bladder reduces its capacity.

What to do

- Not much can be done, except to reduce your liquid intake before going to bed
- In case of pain, burning or blood in the urine, consult your doctor

VARICOSE VEINS

In the last month of pregnancy the baby's head can press down on the pelvic veins, causing blood to pool in the veins of the legs and resulting in ballooning of these veins. Standing for long periods of time can worsen varicose veins.

What to do

- Avoid standing for long periods of time and try to put your feet up as often as possible
- Avoid crossing your legs while sitting
- Avoid wearing high-heeled shoes
- Wear support tights
- Exercise will improve circulation in the legs and feet



MORNING SICKNESS

The main causes of morning sickness are high levels of hormones, particularly the hormone human chorionic gonadotrophin (hcG), and low blood sugar levels. Despite its name, morning sickness can occur at any time of the day and can vary from mild nausea to vomiting. The worst time, however, seems to be first thing in the morning when your stomach is empty, although nausea can also be triggered by strong smells, certain foods and cigarette smoke. Symptoms usually disappear after the first trimester.

What to do

- Eat several small meals throughout the day instead of three larger ones; have some plain or ginger biscuits first thing in the morning
- Avoid high-fat foods, too many spices and all foods that make you feel ill
- Avoid alcohol and tobacco
- Drink plenty of fluids; teas like ginger, peppermint or camomile may also help
- Try to get a lot of rest, as being overtired will make your nausea worse ■

ABOUT THE AUTHOR



DR. JAYESHNEE MOODLEY

MBChB, FCOG (SA), MMed (O&G), AHMP (YALE)

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

Tel: 035 772 1581

Email: jayeshnee.moodley@gmail.com

Great Expectations:

Baby's first year milestones



Caring for an infant can be exhausting, but there's so much to look forward to...

Smiles

After two months of sleepless nights and round-the-clock soothing. Maybe you've spotted a fleeting smile, but then again, it could have been gas. By around 2 months of age, your baby will smile in response to you!



Laughs

If the frequent sound of baby's crying has you on edge, take heart. By 4 months, you can look forward to another sound – your baby's laughter.

Sleeps all night

While it is unrealistic and unhealthy to expect a newborn to sleep all night, by 4 to 6 months, most babies are capable of sleeping through the night.



Sits up

How different the world looks when you're not stuck on your belly! Around 5 or 6 months, most babies can sit up with support – either by resting on their hands in front of them or by leaning on pillows or furniture.



Crawls

By 9 months, most babies crawl using both hands and feet, though some babies never crawl, preferring to creep or wriggle instead. Crawling is not an essential baby milestone, and infants who choose to scoot or creep still tend to reach other milestones on schedule.

Waves "bye-bye"

Waving "bye-bye" is not just a cute trick – it is an actual expression of language. By 9 months most babies begin to make the link between sounds, gestures, and meaning. They understand that waving is connected to the phrase "bye-bye."



Says a word

"Mama! Dada!" There's nothing like hearing your baby call your name, and it usually happens right around the one-year mark. By this time, most babies can say at least one real word and actively try to imitate others.

Stands

By 12 months, most babies begin to stand briefly without support. They also take small steps while holding onto furniture or other objects, an activity called "cruising".



Takes a step

Not all babies walk by their first birthday. The normal range is anywhere from 9 to 17 months, with most babies taking at least a few steps by about 13 months. ■

Source:
The Bump: www.thebump.com/a/baby-milestone
Health Line: www.healthline.com/health/baby/baby
CDC: www.cdc.gov/ncbddd/actearly/milestones

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
021 637 3811/3817



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



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



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



**Melomed
Bellville**
Dr M Bassier
021 950 8980



**Melomed
Bellville**
Dr Rhode
021 945 1898



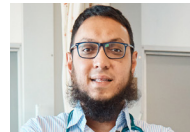
**Melomed
Bellville**
Dr M Ledger
021 946 1347



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



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



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



**Melomed
Tokai**
Dr B Nondela
021 637 8100



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



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

ENTS



**Melomed
Gatesville & Tokai**
Dr. J Stulinski
021 764 7208



**Melomed
Gatesville & Tokai**
Dr. S Ebrahim
021 637 20263



**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. Raphael Mlauzi
021 110 5217

Baby clinics

RHO Clinic at Melomed Bellville Hospital, Suite 12 on the First floor - Tel: 021 950 8960

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.

Dr Raban at Melomed Tokai - Tel: 021 023 0604

The following services are rendered:

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



PathCare
100 years
OF ADDING VALUE

SUNSTROKE IN BABIES

Sunstroke is the most severe form of heat illness that occurs when the body is unable to regulate itself due to the effects of too much heat or humidity from sun exposure. It is usually characterized by reddening, dry skin and a high body temperature without sweating.

While adults acquire and treat common heat-related illnesses more commonly, babies are actually more prone to heat exhaustion and stroke.

It is not always easy to tell if your baby or young child is affected by hot weather. During hot weather it's important to regularly check for the following signs which can indicate that a baby or young child's health is being affected.

Symptoms of mild dehydration or heat-related illness may include:

- has fewer wet nappies, and urine is darker in colour
- dry skin and mouth
- nausea or headaches for older children.

Symptoms of severe dehydration or heat-related illness may include:

- looks unwell
- more irritable than usual
- body is limp or floppy
- skin is pale or cold
- drowsy or confused
- refuses to drink or extremely thirsty
- sunken eyes and may not have tears when crying.

Contact your doctor for more information or if your baby has symptoms of mild dehydration.

