

ISSUE 11 | JULY 2025

M E L O babies

healthy moms healthy pregnancy healthy baby



WHAT MAKES YOUR
PREGNANCY HIGH RISK
01

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CHEAT SHEET
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THINGS TO DO
BEFORE YOU FALL
PREGNANT **06**



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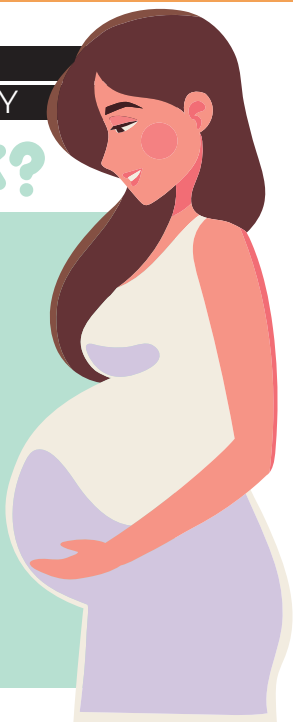
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WHAT MAKES YOUR PREGNANCY HIGH RISK?

Pregnancy is considered high risk when there are factors that increase the likelihood of complications for the mother, baby, or both.

High-risk pregnancies require closer monitoring and care from healthcare professionals to ensure the best possible outcomes for both mother and baby.



Maternal age (too young or older than 35)



Obesity



History of preterm birth



Multiple pregnancies



Pre-existing health conditions (diabetes, hypertension)



Previous pregnancy complications



Lifestyle choices (smoking, alcohol) ■

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UNDERSTANDING INFERTILITY

By Dr Jayeshnee Moodley

Infertility is one of the most emotionally challenging experiences for couples who are trying to build a family. In South Africa, the struggle is often made harder by stigma, myths, or simply not knowing where to seek help. As a women's health specialist, my mission is to ensure that couples feel heard, supported, and empowered with the right information and care.



WHAT IS INFERTILITY?

Infertility is the inability to fall pregnant after 12 months of regular, unprotected intercourse. For women over 35, this time frame is reduced to 6 months due to age-related decline in fertility.

HOW COMMON IS INFERTILITY IN SOUTH AFRICA?

Infertility affects an estimated 10-15% of couples worldwide. In South Africa, this figure may be even higher due to untreated infections, tubal damage from pelvic TB, and limited access to early fertility services. It's important to know that infertility is not just a "woman's issue" - it affects both partners equally.

20% OF SOUTH AFRICANS STRUGGLE TO CONCEIVE NATURALLY.

A GUIDE FOR COUPLES TRYING TO CONCEIVE

CAUSES OF INFERTILITY IN WOMEN

- 1 **Hormonal imbalances (e.g. PCOS, thyroid dysfunction, high prolactin)**
- 2 **Blocked fallopian tubes (due to infections or previous surgery)**
- 3 **Endometriosis**
- 4 **Uterine issues like fibroids or adhesions**
- 5 **Age-related decline in egg quality**

CAUSES OF INFERTILITY IN MEN

- 1 **Low sperm count, poor motility, or abnormal shape**
- 2 **Hormonal problems or testicular conditions Infections, trauma, or prior surgeries**
- 3 **Smoking, alcohol, drug use, obesity**



WHAT TO EXPECT AT YOUR CONSULTATION

A fertility consultation includes a thorough gynaecological history and physical examination.

History taking includes questions about:

- Menstrual cycle regularity and symptoms
- Sexual activity and libido
- Past pregnancies or miscarriages
- Medical or surgical history
- Family history of infertility
- Lifestyle: weight, diet, smoking, alcohol, exercise, stress

Gynaecological examination may include:

- A pelvic exam to assess the uterus and ovaries
- A speculum exam and Pap smear (if needed)
- Pelvic ultrasound to check for cysts, fibroids, or endometriosis
- Transvaginal ultrasound to assess ovulation and endometrial thickness

LIFESTYLE AND FERTILITY: SMALL CHANGES, BIG IMPACT

Optimising your lifestyle can significantly improve your chances of conceiving naturally and support better outcomes with fertility treatment.



1. Maintain a healthy weight

- The ideal BMI (Body Mass Index) for fertility is between 18.5 and 24.9.
- Being underweight (BMI <18.5) can lead to irregular ovulation or no ovulation at all.

Being overweight or obese (BMI >25) is associated with:

- Lower chances of natural conception
- Increased risk of miscarriage
- Poor response to fertility treatment
- Higher pregnancy complications



2. Nutrition matters

- Eat a balanced diet rich in fresh fruits, vegetables, whole grains, lean protein, and healthy fats.
- Reduce processed foods, sugar, and trans fats.
- Include fertility-supportive foods like avocados, nuts, leafy greens, oily fish, and eggs.



3. Exercise regularly-but gently

- Moderate activity like walking, swimming, or yoga 3-5 times a week is ideal.
- Extreme exercise (especially with very low body fat) can negatively affect ovulation.



4. Stop smoking and limit alcohol

- Smoking affects egg and sperm quality and reduces IVF success.
- Alcohol, especially in high amounts, can disrupt hormone levels.



5. Manage stress

- Infertility can cause emotional distress-but chronic stress can also worsen hormonal balance.
- Mind-body practices like meditation, counseling, prayer, support groups, journaling, or therapy are all beneficial.



6. Avoid toxins

Limit exposure to environmental toxins: pesticides, plastics (like BPA), and certain chemicals in cosmetics and cleaning products.



7. Take folic acid and prenatal vitamins

Women trying to conceive should take 400-800mcg of folic acid daily to reduce the risk of neural tube defects.



PRE-CONCEPTION COUNSELING

History taking includes questions about:

- Screen for chronic illnesses (e.g. diabetes, hypertension)
- Check vaccine status (e.g. rubella, hepatitis B)
- Discuss medications and stop harmful ones
- Start pre-natal vitamins and folate
- Encourage healthy weight and lifestyle habits

INFERTILITY INVESTIGATIONS

- Hormonal tests: Check ovulation, thyroid, prolactin, AMH (ovarian reserve)
- Pelvic ultrasound: Evaluate uterus and ovaries
- Hysterosalpingogram (HSG): Check if fallopian tubes are open
- Semen analysis: Evaluate sperm count, movement, and shape
- Ovulation tracking: With ultrasound or hormonal monitoring

FINAL THOUGHTS

Infertility is not a reflection of your worth or effort. It's a medical condition, and one that can often be treated successfully. With expert guidance, the right investigations, and positive lifestyle changes, many couples go on to conceive and carry healthy pregnancies.

If you're on this journey, know that you are not alone. Help is available-and hope is real. ■

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FERTILITY TREATMENT OPTIONS



Ovulation induction:

Medications like clomiphene or letrozole can stimulate ovulation.



Surgical treatment:

To remove fibroids, endometriosis, or unblock fallopian tubes.



Assisted Reproductive Techniques (ART):

Intrauterine Insemination (IUI): Placing sperm directly into the uterus



In Vitro Fertilization (IVF):

Fertilizing eggs outside the body and transferring embryos into the uterus

WHEN SHOULD YOU SEE A FERTILITY SPECIALIST?

- If you're under 35 and not pregnant after 12 months of trying
- If you're over 35 and not pregnant after 6 months
- If you have irregular periods, known gynaecological issues, or past pelvic infections
- If your partner has known male factor concerns



Did you know that there are many things that you can do before you fall pregnant to increase your chances of having a healthy pregnancy and healthy baby?

1 GET A FULL PHYSICAL EXAMINATION AND ASK YOUR DOCTOR TO CHECK YOUR:



Blood pressure and pulse rate



Abdomen



Heart for a murmur



Breasts

2

YOUR DOCTOR SHOULD ALSO DO A PELVIC EXAMINATION, TAKE A PAP SMEAR AND TEST FOR HUMAN PAPILLOMA VIRUS (HPV).

3

ASK YOUR DOCTOR TO CHECK YOUR BLOOD FOR:



Anaemia and deficiencies (FBC)



Blood group



Thyroid function



HIV and Syphilis



Blood sugar



Any other tests that your doctor might want to do, according to your signs and symptoms or medical history.

FALL PREGNANT



4 ASK YOUR DOCTOR FOR THE FOLLOWING VACCINATIONS:

- MMR (Measles, Mumps and Rubella) – you should get it, even if you have never had the MMR vaccine as a child. If you have never had it, you will need two dosages, one month apart.
- Tetanus, Polio, Diphtheria and Pertussis – Pertussis is whooping cough; a major cause of hospitalisation in infants and can be prevented by vaccinating adults who come in contact with children.
- Varicella (chickenpox) – only if you have never had chickenpox.
- Flu – all women trying to fall pregnant and all pregnant women further than 12 weeks should get this.
- You can have all these vaccinations now, even if you are not planning to fall pregnant soon. They all stay effective for at least 10 years (apart from flu, which needs to be done annually). You have to wait at least a month after your last vaccination before you can fall pregnant.
- HIV and Syphilis

5 STOP SMOKING!

6 GET TO A HEALTHY WEIGHT.

7 FOLLOW A HEALTHY DIET AND LIFESTYLE.

8 TAKE A PREGNANCY MULTI-VITAMIN WITH FOLIC ACID TO PREVENT BIRTH DEFECTS BEFORE YOU START TRYING TO FALL PREGNANT AND ALL THE WAY THROUGH YOUR PREGNANCY.

A FEW EXTRA TIPS

Stock your fridge with healthy foods

You're not eating for two yet, but you should start making nutritious food choices now so that your body will be stocked up with the nutrients you need for a healthy pregnancy. Try to get at least 2 cups of fruit and 2 ½ cups of vegetables every day, as well as plenty of whole grains and foods that are high in calcium – like milk, calcium-fortified orange juice, and yoghurt. Eat a variety of protein sources, such as beans, nuts, seeds, soy products, poultry, and meats.

Limit your coffee intake

Experts recommend that pregnant women and those trying to conceive avoid high caffeine consumption, which has been linked to decreased fertility and a possible risk of miscarriage. ■

NEW BABY CHEAT SHEET

7 THINGS PARENTS NEED TO KNOW

New parenthood is intense: You might feel blissed out or overwhelmed or both at once. You're in love with your new baby, but you're also desperately exhausted. You're spending more time than ever online, asking questions you never thought to ask. Why didn't anyone tell you this stuff?

There are so many things that new parents wonder about and don't know – it's completely natural! During those first weeks and months, most parents find themselves worrying about the same things. And you know what? It usually comes down to three basic but incredibly important parts of baby life: how they're eating, how they're sleeping, and yes -

even how they're pooping! These everyday concerns are shared by almost every new parent, so please know you're not alone in wondering and worrying about them. Every new parent wonders what they're doing, or if they're doing things right, or if their baby is OK. After all, babies don't come with instruction manuals, and figuring out their needs is all part of the beautiful journey of parenthood.

Read on to find out seven things you should know before you bring your new baby home and remember that you can always ask your child's paediatrician if you're unsure about something.



SUCKING DOESN'T ALWAYS EQUAL HUNGER.

New babies suckle at their fists, at dummies, at their mothers, at pretty much anything they can get near their mouths and although it can mean they are hungry, that's not always the case. So what is a parent to do? Offer food, whether from a breast or a bottle, but don't force it.



DON'T GIVE WATER IN THE FIRST SIX MONTHS.

Your new baby doesn't need water, and giving it to him or her could actually interfere with the electrolytes necessary to stay hydrated. Babies get all of the nutrition and hydration they require from breast milk or formula.



MULTIPLE VACCINES AT A TIME ARE FINE.

Your baby probably won't like getting shots, but it's important to stay on track - doing multiple vaccines at a time, according to the vaccine schedules. If you want to be kind make it as few bad days as possible.



04 SIX TO TEN DIRTY NAPPIES A DAY IS NORMAL.

Babies poop and pee a lot. Breastfed babies tend to poop more frequently than formula-fed babies, sometimes creating a stinky, squishy mess mid-feed. In the early days, babies should produce about six to ten wet or dirty nappies each day. If they are producing less, talk to your paediatrician.



05 STAY AWAY FROM SUNSCREEN.

Like water, this one is just for the first six months. Sunscreen can irritate a baby's sensitive skin, and young children are more likely than older ones to absorb the chemicals in sun protection products. But your baby still needs to be covered up: Use clothing and a hat to protect skin, stay in the shade and avoid being in the sun during its strongest hours, between about 10 am and 4 pm.



06 YOUR BABY WILL LOSE WEIGHT AT FIRST.

Babies are born carrying extra fluid and lose 7 to 10 percent of their body weight before gaining it back by the second week of life. That usually doesn't mean your baby isn't eating enough. The key is not to panic. Weight loss is normal, and your paediatrician will tell you when it's time to worry.



07 IT'S BETTER TO BE COOL THAN TOO WARM.

Parents often overdress their new babies at night, fearing that their tiny bodies will be cold. But being too warm is potentially problematic, because overheating is a risk factor for sudden infant death syndrome, or SIDS. A good rule is to dress them the way you're dressing yourself. If you're comfortable in pants and a long-sleeved shirt, dress them in pants and a long-sleeved shirt. The ideal room temperature for your sleeping babe is 20°C to 22°C.



CARE TIPS FOR YOU AND YOUR BABY

Melomed Hospitals offer free classes and other parent resources to help you care for yourself and your baby, from birth through the teenage years. ■



LET'S TALK FOOD ALLERGIES AND PREGNANCY

CAN YOUR DIET HELP PREVENT FOOD ALLERGIES IN YOUR BABY?

Food allergies are a serious worldwide health problem, especially among youngsters, resulting in higher healthcare expenses. As an expecting parent, you want to give your baby the best possible start in life. Many parents wonder if what they eat during pregnancy affects their baby's chances of developing food allergies. Let's break down what science tells us in simple terms.

What is a food allergy?

A food allergy is an abnormal immune response to certain foods. It happens when a person's immune system misinterprets a component of a food (most often a protein) as dangerous and responds with an adverse reaction. There are currently no cures for food allergies, but it can be reassuring to know that by the age of 5, there is a good chance that your child may outgrow some food allergies.

A food allergy differs from a food intolerance. Food intolerances involve different parts of the immune system and occur when the body cannot properly digest specific food components, such as lactose in dairy products or gluten in wheat. This can lead to symptoms such as bloating, gas, diarrhoea, or stomach cramps. Unlike food allergies, food intolerances are not life-threatening but can cause discomfort. While food allergies require strict avoidance of the allergen and may necessitate carrying medications like epinephrine for emergencies, food intolerances often require simply limiting or avoiding the offending food to manage symptoms.

Which foods cause an allergic reaction?

While over 170 foods are known to cause food allergies, nine foods cause over 90% of allergies.



Cow's milk



Eggs



Peanuts



Tree nuts



Wheat



Soy



Seafood



Sesame

The good news: You don't need to avoid foods

During pregnancy, proper nutrition is crucial in supporting the health and development of both the mother and her growing baby. Research brings encouraging news: you don't need to avoid common allergenic foods during pregnancy. There is currently no conclusive evidence that including or excluding certain foods during pregnancy prevents or contributes to the development of food allergies. In fact, eating a variety of foods, including common allergens like peanuts, eggs, and dairy products, is completely safe for most pregnant women and their developing babies.



What the experts recommend

Current guidelines suggest:



Eat a healthy, balanced diet, including all major food groups. This ensures that you and your baby receive essential nutrients.



Include fruits, vegetables, proteins, and healthy fats. Eating a varied diet can contribute to overall health and potentially reduce the risk of allergic diseases in your child.



Keep eating common food allergens (like nuts and eggs) if you're not allergic to them. Consuming these foods is safe during pregnancy.



Consider increasing your intake of oily fish, or take an omega supplement



There is some benefit to taking probiotics in the last trimester, but this is still being researched.



During the delivery, natural birthing methods are preferable over Caesarean section, however, this is often uncontrollable, and your obstetrician should be consulted regarding your history and preferences.



Once babies are born, exclusive breastfeeding is recommended till 4 months of age. Breastmilk is composed of multiple immune factors and properties, which altogether can assist in allergy prevention, as well as protection from infections. Ensuring that you do not avoid any specific foods yourself for the sake of allergy prevention is important. It is better for you to eat most of the allergenic food groups whilst breastfeeding, to expose your baby to trace amounts of these proteins in the breastmilk.

Can foods prevent allergies?

Yes. While there is no guaranteed way to prevent food allergies, research suggests that introducing allergenic foods like peanuts, eggs, and fish early in a child's diet (around 4-6 months) and continuing to feed them regularly helps reduce the risk of allergies. However, early, frequent, and consistent introduction of top allergens is most effective during a very short window of time during infancy.

While science hasn't found a direct link between pregnancy diet and preventing food allergies, eating a varied, nutritious diet is the best approach. Focus on overall healthy eating rather than worrying about specific foods to avoid. The goal isn't to be perfect but to maintain a healthy, balanced diet that works for you and your baby. ■

When to seek help

Always consult with your healthcare provider or a registered dietitian if you have concerns about your diet during pregnancy and when introducing solids to your baby. They can provide personalised advice based on you and your baby's health needs.

Source:

www.preventallergies.org/blog/the-role-of-maternal-diet-during-pregnancy-in-food-allergy-prevention
www.news-medical.net/news/Maternal-influences-on-food-allergy-prevention-A-closer-look-at-diet-and-environment

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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

Respiratory syncytial virus (RSV)

Respiratory syncytial virus (RSV) causes infections of the lungs and respiratory tract. RSV can cause severe infection in some people, including babies 12 months and younger, especially premature infants, older adults, people with heart and lung disease, or anyone with a weak immune system (immunocompromised).

Signs and Symptoms

Signs and symptoms of RSV infection most commonly appear about four to six days after exposure to the virus. Infants are most severely affected by RSV. Signs and symptoms of severe RSV infection in infants include:

- Short, shallow and rapid breathing
- Unusual tiredness
- Irritability
- Poor feeding
- Cough
- Struggling to breathe

Causes

Respiratory syncytial virus enters the body through the eyes, nose or mouth. It spreads easily through the air on infected respiratory droplets. You or your child can become infected if someone with RSV coughs or sneezes near you. The virus also passes to others through direct contact, such as shaking hands. The virus can live for hours on hard



surfaces or objects such as countertops, crib rails and toys. If you touch your mouth, nose or eyes after touching a contaminated object and you're likely to pick up the virus.

An infected person is most contagious during the first week after infection. But in infants and those with weakened immunity, the virus may continue to spread even after symptoms go away, for up to four weeks.

Risk factors

Children at increased risk of severe or sometimes life-threatening RSV infections include:

- Infants, especially premature infants or babies who are 6 months or younger
- Children who have heart disease that's present from birth (congenital heart disease) or chronic lung disease
- Children or adults with weakened immune systems from diseases such as cancer or treatment such as chemotherapy
- Children who have neuromuscular disorders, such as muscular dystrophy

