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MELOBABES

healthy moms healthy pregnancy healthy baby



HOW ARE YOU, REALLY? **02**

YOUR BREASTS, YOUR HEALTH **04**

HOME FROM THE NICU: THE FIRST 30 DAYS **07**



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GETTING YOUR PINK BACK



DID YOU KNOW

A mother flamingo can lose her pink when she pours everything into caring for her baby? As her chick grows, her colour slowly comes back.

Sound familiar?

After having a baby, so many moms describe feeling like a dimmer version of themselves. That is what "getting your pink back" is all about: finding your way back to you.

But there is no deadline. No finish line you should have crossed by now.

For some moms it takes weeks. For others, months or longer. **Both are completely normal.** And if your pink still feels far away, that is not failure. That is motherhood, and sometimes it is really hard. Give yourself time to get your pink back.

Give yourself permission to be exactly where you are. Your pink is still there. Some days it will be a soft blush. Other days, full flamingo. Both count. ■

If you are struggling, please talk to your doctor or reach out to **SADAG at www.sadag.org. You do not have to do this alone.**

Adcock Ingram Depression & Anxiety Helpline:
0800 708 090 (8am–8pm, toll-free)

Suicide Crisis Helpline:
0800 567 567 (24 hours, toll-free)

Cipla Mental Health:
0800 456 789 (24 hours, toll-free)

Cipla WhatsApp:
076 8822 775 (8am–5pm)

HOW ARE YOU, REALLY?

A QUICK GUIDE TO POSTPARTUM FEELINGS

Bringing a new baby home brings immense joy, but also deep exhaustion and emotional strain. It is not always easy to tell what is normal adjustment and when to ask for help.

This guide gives you and your partner a quick, reassuring way to check in on how you are really feeling in the days and weeks after birth.

QUICK SUPPORT CHECKLIST

In pregnancy too
If you feel yellow signs before baby arrives, tell your doctor now.

For partners
1 in 10 dads experiences postnatal depression too. Check in on each other.

24/7 SOUTH AFRICAN HELPLINES

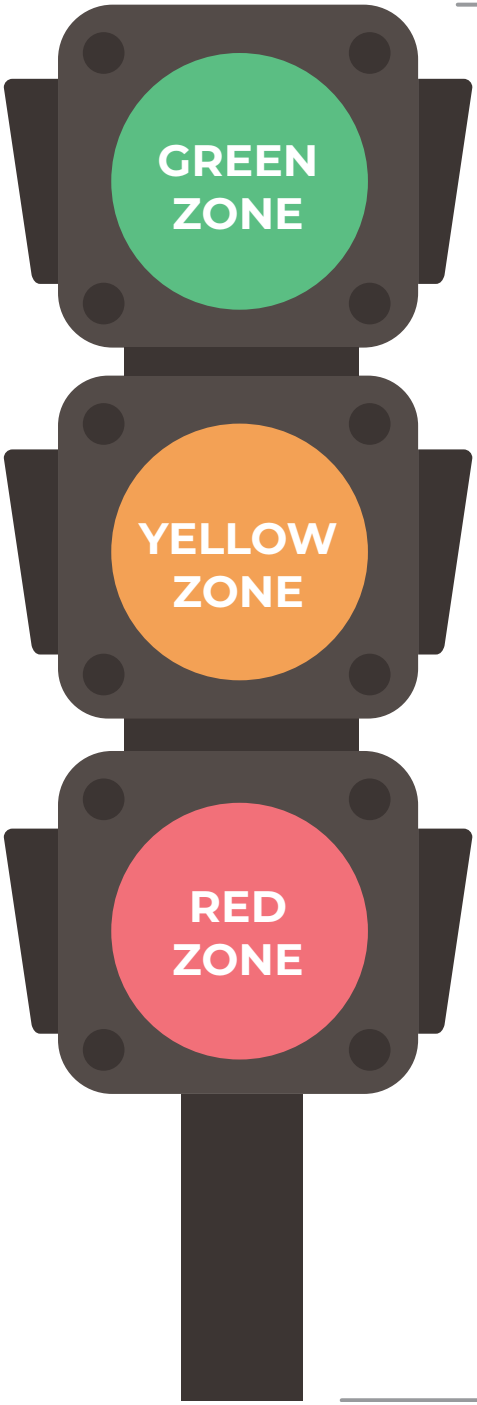
Melomed Emergency Response
0800 786 000

SADAG Toll-Free Helpline
0800 567 567

Cipla Mental Health Helpline
0800 456 789

SADAG WhatsApp (08:00 to 17:00)
076 882 2775

Melomed Hospitals
Visit any 24/7 Melomed Emergency Unit
www.melomed.co.za



Green Zone: "I am managing well"

NORMAL POSTPARTUM ADJUSTMENT AND BABY BLUES



Partner cue
Dads: you are safe to go fishing today!



How you feel
Tired and adjusting, but coping. Tearful or overwhelmed at times, especially in the first two weeks.



Signs
Bonding with baby, sleeping when possible, manageable mood swings.



What helps
Rest, good food, accepting help, and talking openly.

Yellow Zone: "I am struggling"

POSTNATAL DEPRESSION OR ANXIETY



Partner cue
Dads: not the day to ask if your mum can visit!



How you feel
Treading water. Low mood or worry that does not lift, racing thoughts, or feeling detached and guilty.



Signs
Tearfulness or sadness lasting over two weeks, insomnia even when baby sleeps, feeling numb.



Action
Speak to your gynaecologist, GP, or clinic sister this week. Do not wait for a crisis.

Red Zone: "I need immediate help"

PERINATAL MENTAL HEALTH EMERGENCY



Partner cue
Partners: time to step in, take the lead, and get medical help right away.



How you feel
Unsafe, overwhelmed, confused, or severely distressed.



Signs
Frightening thoughts of harm, severe panic, hallucinations, or feeling you cannot go on.



Action
Go to your nearest emergency room or call 0800 786 000 immediately.



Reassurance
You will not lose your baby for asking for help. This is an illness, and support is available. ■



YOUR BREASTS, YOUR HEALTH

KNOW YOUR NORMAL

Reviewed by Dr Helena Nashandi



Your body changes in remarkable ways during pregnancy and breastfeeding, and your breasts are no exception. They swell, they ache, they leak, and they take on a shape you may not recognise. Most of what you experience is completely normal. But knowing what is normal is also how you notice when something is not, and that knowledge could one day save your life.

October is Breast Cancer Awareness Month, and for mothers and mothers-to-be, it is the perfect time to understand your breasts: what they do, what changes to expect, and when to speak to your doctor.

WHAT HAPPENS TO YOUR BREASTS DURING PREGNANCY

From the moment you conceive, your breasts begin preparing for breastfeeding. Hormonal changes trigger a rapid increase in milk-producing tissue, blood flow, and fat deposits. You may notice your breasts feel tender or heavy within the first few weeks, often before you have even confirmed your pregnancy.

Here is what is normal:

- **Tenderness and sensitivity,** especially in the first trimester
- **An increase in size,** sometimes by a full cup size or more
- **Darkening of the areola** (the area around the nipple), which helps your newborn find the breast
- **Visible veins** beneath the skin as blood flow increases
- **Leaking of colostrum,** a thick, yellowish early milk, in the third trimester

These changes are your body working exactly as it should.



WHAT HAPPENS TO YOUR BREASTS DURING BREASTFEEDING

Once your baby arrives and your milk comes in, usually on day three or four after birth, your breasts will feel fuller and firmer. This is normal, and it settles as you and your baby establish a feeding rhythm.

Common experiences during breastfeeding include:

Engorgement, when your breasts overfill with milk. Feed your baby frequently, and apply a warm compress before feeds and a cool one after to ease the discomfort.

Blocked milk ducts, which feel like a tender lump or hard spot. Gentle massage, warm water, and continuing to feed or express from that side usually clears a blockage within a day or two.

Mastitis, an inflammation of breast tissue that can cause redness, warmth, and flu-like symptoms. It needs attention from your doctor or midwife, especially if it does not improve with frequent feeding and warm compresses.

Most lumps and changes during breastfeeding have a simple explanation and resolve on their own. The key is knowing what you are feeling so that you can tell the difference.

WHEN TO SEE A DOCTOR WITHOUT DELAY

During pregnancy and breastfeeding, it can be tempting to put your own health concerns aside. Please do not.

Make an appointment with your doctor if you notice any of the following:

- A lump that does not move when you press it, or that does not soften after a feed
- Skin that looks puckered, dimpled, or like the skin of an orange
- A nipple that has recently turned inward (inverted) when it was not before
- Nipple discharge that is not breast milk, particularly if it is bloodstained or comes from only one breast
- Persistent pain that is not related to feeding, engorgement, or a blocked duct
- A lump that remains after you have finished breastfeeding and your milk has dried up

None of these symptoms necessarily means cancer. Many have other explanations. But they all deserve a proper assessment, and the sooner the better.

SCREENING IN YOUR REPRODUCTIVE YEARS

The South African guidelines recommend that women begin annual mammogram screening from the age of 40. If you have a mother, sister, or daughter who has had breast cancer, speak to your doctor about starting earlier, as your personal risk may be higher.

During pregnancy, mammograms are generally postponed unless there is a specific concern. Ultrasound is the preferred imaging tool during this time. After breastfeeding, once your milk has fully dried up, usually four to six weeks after your last feed, your breasts return to a state where a mammogram gives a clearer, more reliable picture.

A self-breast check costs nothing and takes less than five minutes. Do it once a month, a week after your period when your breasts are least swollen, or on a fixed date if you are not menstruating. You are not looking for a perfect result. You are learning your own normal. **>>**



BREAST CANCER AND PREGNANCY

Breast cancer diagnosed during pregnancy is uncommon but it does happen. Approximately one in 3 000 pregnancies is affected. The challenge is that the normal changes of pregnancy can mask symptoms, which is why it is so important not to dismiss anything that concerns you.

The good news is that breast cancer diagnosed during pregnancy can be treated, and outcomes improve significantly with early detection. Your healthcare team will tailor the safest treatment plan for both you and your baby.

Understanding and monitoring your breast health during pregnancy and breastfeeding is an essential part of your overall well-being. While many changes in your breasts are entirely normal during this time, remaining attentive to any persistent or unusual symptoms empowers you to seek timely care. Never hesitate to discuss any concerns with your OB-GYN, as early evaluation provides peace of mind and ensures the best outcomes for both you and your baby.

MELOMED IS HERE FOR YOU

Melomed's specialist team includes experienced OB-GYNs and breast surgeons at the Melomed hospitals across the Western Cape and KwaZulu-Natal. Whether you have a concern during pregnancy, while breastfeeding, or at any point in your life, your nearest Melomed hospital is your starting point. ■

MEET THE DOCTOR



DR. HELENA NASHANDI

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HOME FROM THE NICU

THE FIRST 30 DAYS



Review by Dr Strini Chetty

Carrying your baby out of the hospital was one of the most extraordinary moments of your life, and probably one of the most terrifying. In the NICU there were monitors, nurses and a call button. Out here, there is just you, your baby and a car seat.

For the family in our June 2026 issue, that day came after months of watching their tiny fighter grow from 350 grams to 3 kilograms in Melomed Richards Bay's NICU. This article picks up at the front door.

UNDERSTANDING CORRECTED AGE

Parents often confuse **actual age** (counted from birth) with their **corrected age** (the age they would be if born at full term). Corrected age = Actual age minus the weeks your baby was born early. A baby born at 28 weeks arrived 12 weeks before the 40-week mark, so at 4 months (16 weeks) their corrected age is about 1 month (4 weeks).

Your 4-month-old will be doing what a 1-month-old does, and that is exactly right. Expecting head control, responsive smiles or rolling at "4 months" only causes needless worry. Most healthcare providers use corrected age for milestones, growth charts and developmental assessment until 2 years corrected age, by which point most premature children have caught up. Celebrate every milestone on your baby's own timeline.

IMMUNISATIONS: WHICH AGE COUNTS?

The answer is clear: **immunisations follow chronological (actual) age, not corrected age.** On South Africa's Expanded Programme on Immunisation (EPI), the first major set (oral polio, rotavirus, pneumococcal (PCV) and the combination DTaP-IPV-Hib-HBV vaccine) is given at 6, 10 and 14 weeks from the actual birth date. There are two important notes for premature babies specifically:

- **BCG** (the tuberculosis vaccine given at birth) may be delayed until your baby is clinically stable and weighs at least 2 kg, so check whether the NICU gave it.
- The **rotavirus vaccine** must be started before 15 weeks of actual age, so do not delay the first dose.

Babies born before 28 weeks may be monitored for 48 hours after their first DTaP-containing vaccine for apnoea (pauses in breathing). This is a precaution, not a reason to delay. **>>**

FEEDING, WEIGHT CHECKS, AND WHAT STEADY GAIN LOOKS LIKE

Feeding a premature baby at home is different from feeding a term baby, and the first weeks require patience.

Premature babies are often sleepy feeders who may not wake on their own to feed. Follow your NICU team's schedule, usually every 2 to 3 hours, rather than waiting for hunger cues. Subtle cues include stirring, hand-to-mouth movements, lip smacking or restlessness; crying is a late cue.

Breast milk remains the gold standard. If your baby had fortified expressed breast milk in the NICU, ask whether to continue fortifying at home. Babies over 2 kg should gain roughly 20 to 30 grams a day, but steady gain over time matters most. Good signs are 6 or more wet nappies in 24 hours, regular stools, waking or cueing for feeds, and visible weekly weight gain.

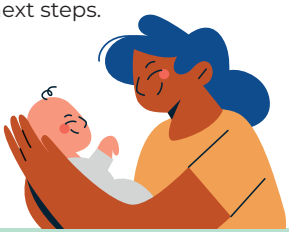
VISITORS, INFECTION PRECAUTIONS, AND THE FIRST OUTING

Immature immune systems put premature babies at much higher risk of serious infection, so being firm about visitors is essential, not unkind. Nobody should hold your baby if they have been unwell in the past two weeks or have even mild cold symptoms, a cough or a runny nose, and everyone must wash their hands thoroughly with soap and water first.

Respiratory Syncytial Virus (RSV) causes a cold in healthy adults but can cause severe bronchiolitis and pneumonia needing hospitalisation in premature babies. Ask at your first follow-up whether your baby qualifies for palivizumab (Synagis), a monthly preventive injection during RSV season. For the first month, keep gatherings small and brief, and make the first outing short, close to home and away from crowds. No visitor is worth a readmission.

THE FOLLOW-UP CALENDAR: EYES, HEARING, AND DEVELOPMENT

All babies born before 31 weeks need eye screening by an ophthalmologist for retinopathy of prematurity (ROP) 4 to 6 weeks after birth. If this was missed before discharge, book it immediately: untreated ROP can cause permanent vision loss. A formal hearing (audiology) screening should be done before or soon after discharge; early intervention dramatically improves language outcomes. Your paediatrician will check development at each visit using corrected age; early referral to physiotherapy or occupational therapy helps. Keep a diary of appointments, discussions and next steps.





SAFE SLEEP AND TEMPERATURE FOR A SMALL BABY

Premature babies are at higher risk of Sudden Infant Death Syndrome (SIDS), so follow these rules every sleep. Put your baby on their back, never their tummy or side, on a firm, flat mattress with no pillows, rolled blankets, soft toys or bumpers. Keep the space smoke-free and avoid co-sleeping, which is riskier with a premature baby. Remove your baby's hat indoors, as overheating is a SIDS risk factor.

Keep the room between 16°C and 20°C, measured with a room thermometer, not by your own comfort. The back of your baby's neck or chest should feel warm, not hot or clammy.



WHEN TO CALL THE PAEDIATRICIAN AND WHEN TO GO STRAIGHT TO EMERGENCY

Call your paediatrician the same day if your baby:

- Has a temperature above 38°C or below 36.4°C
- Has fewer than 6 wet nappies in 24 hours
- Is feeding much less than usual
- Seems unusually pale, floppy or hard to rouse
- Has yellowing of the skin or eyes (jaundice)

Go straight to the emergency unit if your baby:

- Is breathing rapidly, with ribs pulling in or nostrils flaring
- Has breathing pauses longer than 15 to 20 seconds, or stops breathing
- Has blue or grey lips, tongue or fingernails
- Is unresponsive and cannot be roused
- Has a seizure (stiffening, rhythmic jerking, eyes rolling)
- Has blood in their stool

You know your baby. If something feels wrong, trust that instinct. Call, or go. ■

MEET THE DOCTOR



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Ask the Melomed specialists

SMALL WORRIES, STRAIGHT ANSWERS

New parenthood comes with questions, and some keep you up at night as much as the baby does. In each issue, we put your questions to Melomed specialists. This time: what happens when a baby doesn't pass the newborn hearing screen, whether umbilical hernias and tongue-ties need treatment, and how to get moving safely after a Caesarean.

ENT **DR. JACEK STULINSKI**

QUESTION
My baby did not pass the newborn hearing screen. What happens next?

ANSWER
All newborns have a routine hearing screen by an audiologist within 24 to 48 hours of birth, because hearing loss can affect a child's speech, language and social skills. Not passing does not mean your baby has permanent hearing loss. The test is very sensitive and can be affected by debris or fluid in the ear, background noise or a wriggling baby, and most babies pass a repeat test within the first month.

If there is still doubt, two painless tests, ABR (auditory brainstem response) and OAE (otoacoustic emissions), are done while your baby sleeps. If an ENT and audiologist confirm hearing loss, treatment should start as early as possible, ideally before 6 months. Depending on the cause, this may mean grommets to drain middle-ear fluid, hearing aids or cochlear implants.

PAEDIATRICIAN **DR. SHUKRI RABAN**

QUESTION
Does my baby's umbilical hernia need an operation?

ANSWER
Usually not. Most umbilical hernias close on their own, many by age 2. Surgery is considered if the hernia is still there after about age 2, or if it causes symptoms or complications. Taping, coins and belly bands don't speed up closure and can irritate the skin.

Call your doctor right away or go to the emergency unit if:
- The bulge becomes hard or tender, or can't be gently pushed back in
- The skin over it turns red, purple or dark
- Your baby has repeated vomiting, a swollen tummy, or is inconsolable with pain

These signs may mean the bowel is trapped (incarceration), which is rare but needs urgent care.

GYNAECOLOGIST **DR. THEMBELIHLE MASINA**

QUESTION
When is it safe to exercise after a Caesarean?

ANSWER
Moving early is an important part of recovery, as it helps prevent complications such as blood clots (deep vein thrombosis), a sluggish bowel (ileus) and lung collapse.

Days 1 to 7:
Sit up, take slow, short walks, do breathing exercises and rotate your ankles in bed. Good pain control makes this possible, and a walking aid may help.

Weeks 2 to 6:
Start with 3- to 5-minute walks and build up every few days as the pain eases. You can add pelvic floor (Kegel) exercises.

Week 6:
Your obstetrician will check your recovery, including for separated abdominal muscles and may refer you to a physiotherapist for abdominal or pelvic floor muscle rehab.

Avoid:
Sit-ups, crunches and heavy lifting for the first 6 weeks. The heaviest thing you carry should be your baby.

Danger signs:
Stop and seek medical help if you have pain and swelling in one calf, chest pain or breathlessness that doesn't get better with rest, worsening abdominal pain, redness around the wound, or heavier vaginal bleeding. ■

GOT MORE QUESTIONS? GET IN TOUCH WITH OUR DOCTORS.



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021 110 5945

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

MELOMED PRIVATE HOSPITALS

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

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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
021 637 2358

The following services are rendered:
- Vaccinations
- Breastfeeding consultation
- Circumcision
- Family Planning
- Paediatric Consultation

UNDERSTANDING PRE-ECLAMPSIA

A TEST THAT CAN HELP PROTECT MUM AND BABY

Pregnancy is an exciting journey, but it is also a time when certain health conditions need to be carefully monitored. One of these is **pre-eclampsia**, a potentially serious pregnancy complication associated with high blood pressure and changes affecting organs such as the kidneys and liver.

Pre-eclampsia has serious consequences for both mother and baby if it is not recognised and managed appropriately. In South Africa, hypertensive disorders of pregnancy are an important cause of maternal morbidity and mortality.

A closer look at placental health and testing

First Trimester screening at PathCare (11-14 weeks), combines maternal and biochemical data, which helps identify women at risk of developing preterm pre-eclampsia. The simple blood test is PLGF-1 (placental growth factor).

Later in pregnancy (≥ 20 weeks gestation) a sFlt-1/PLGF ratio test, is a blood test that measures two proteins associated with placental function: soluble fms-like tyrosine kinase-1 (sFlt-1) and placental growth factor (PLGF). When pre-eclampsia is suspected, the sFlt-1/PLGF ratio can be used in combination with symptoms, blood pressure and other clinical parameters to help healthcare professionals assess the likelihood of pre-eclampsia and determine appropriate care. A low ratio rules out imminent eclampsia and unnecessary hospitalisation, while a high ratio warrants closer monitoring and appropriate intervention.

Why does this matter?

Having additional information about the likelihood of pre-eclampsia can help healthcare professionals make more informed decisions about monitoring and management of patients.

Most importantly, early recognition gives healthcare professionals an opportunity to monitor both mother and baby more closely when needed.



If you are pregnant and have symptoms or risk factors associated with pre-eclampsia, speak to your healthcare professional about appropriate testing and monitoring. Because when it comes to pregnancy, having the right information at the right time can make a meaningful difference.