

To The Parents And Other Care-Givers Of Babies

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THIS DOCUMENT CAN ALSO BE ACCESSED AND DOWNLOADED FROM OUR WEB SITE

WWW.PEDIATER.CO.ZA

Through Jesus Christ Alone!

Dear parents,

You are blessed with a new-born! What privilege to see life unfold before your eyes!

It is an honour for us at West Coast Paediatrics to be part of the team who assisted in this great occasion. It will be our pleasure to assist you with the future health and well-being of your baby.

Just some short notes on your baby's necessary follow up visits:

Some parents like to come to us 10 days after delivery. During this visit the parents' questions will be addressed and issues discussed to enable us to identify any problems regarding growth and feeding.

An important appointment is at baby's 6th week. Baby's heart will be checked as certain heart-sounds only become audible at this stage, like heart murmurs. We will also establish his/her general health and development. If you wish we will also provide immunization at this stage (see section dealing with immunization).

Follow-up appointments at 3, 6, 9, 12, 15 and 18 months are recommended to pick up any growth or developmental problems as early as possible.

Obviously, we are always available for problems or in case of emergencies. Please find the contact numbers on the front page. For emergencies kindly refer to the paediatric duty roster¹.

We wish you and your baby a blessed and happy future!

Yours in Christ,

Dr Hester van der Walt

Office 022 713 5149

IMPORTANT

Please remember to register your child within 28 days of birth with both the Department of Home Affairs and the Medical Aid!

[If you would like to breastfeed, please watch this video](#)

Do not expose your child to tobacco smoke, it will have a negative impact on his/her health – this is a good time to stop smoking if you do!

WE ALSO TAKE THIS OPPORTUNITY TO ADVISE THAT SMOKING IN ANY VEHICLE IN THE PRESENCE OF A CHILD OF 12 YEARS OF AGE OR YOUNGER IS ILLEGAL²

¹ https://pediater.co.za/index_htm_files/West_Coast_Paediatrics_Emergency_Paediatric_Roster.pdf

² <https://www.health24.com/Lifestyle/Stop-smoking/Prevalance-in-sa/10-smoking-laws-you-must-know-20120721>

Baby Jaundice:

It is not uncommon for babies to develop a yellow skin colour after birth³.

This is **not related to Hepatitis** which is referred to as jaundice in grown-ups but is the result of the transition after birth, the breakdown of antenatal blood, the baby's immediate inability to rid its body effectively of certain toxins in its new environment outside the womb.

This jaundice usually increases up to day 5 and then disappears by day ten.

In most cases it is a benign condition but infrequently the jaundice become so severe that it can lead to brain damage if it is not managed correctly. If the jaundice value rises higher than a certain level we administer phototherapy by placing the baby on or under a blue light source (in which case we cover the baby's eyes to protect it) or sunlight to help breaking down the yellow pigment into a water soluble substance that can be passed out into the urine.

In less severe cases we advise the parents to put their baby into the sunlight of a sunny window for 5 minutes. The baby must be undressed and put onto a thick towel (to catch any leakages). Keep the baby's head in the shade and the body in the sunlight. In summertime it is best done before 11:00 and or after 15:00.

The yellow colour is at first noticeable on the tip of the nose – by lightly pressing on the tip of baby's nose we can evaluate the colour of the skin before the blood returns to that area, or in the white of the baby's eyes. In case the baby's skin or eyes appear to be yellow when it is already at home, it must be taken to Pathcare for blood tests.

The results of the blood test are then sent to the relevant doctor.

The doctor will inform you of the results and advise further treatment.

It is your responsibility to ensure that you get feedback regarding the blood test on the same day you went to the laboratory. Phone your doctor if you have not heard anything by 16:00!

Sleeping

We suggest that babies under six months should not be left to sleep on their stomachs unattended due to the connotation with crib death!

They should rather sleep on their sides or back.

The Lullaby Trust⁴ which promotes information to prevent cot deaths recommends that the cot should only have a fitted sheet. No bumpers, pillows, sheets or blankets. The baby must be dressed appropriately for the weather or may sleep in a baby sleeping bag. The temperature of the room should be 18 degrees Celsius if the temperature can be controlled.

During the day baby may be placed on its stomach for short periods in order to exercise neck and back muscles, only under supervision!

³ Prior to birth the baby needs blood with unique qualities from their mothers, like highly oxygenated blood. After birth this blood is not used anymore as the baby starts to breath on its own. One of the waste products in this process is bilirubin, a yellowish pigment which is discarded in poo and urine. <https://youtu.be/9E4D035H-nk>

⁴ <https://www.lullabytrust.org.uk/>

Clothing And Covering

Babies are very dependent on their parents in assisting them to keep their body temperature normal. We suggest that a good standard is that the baby should be dressed as warm as mother plus one extra layer of thin clothing.

But still be aware of your baby's skin temperature – if it feels uncomfortably warm underneath the clothing, remove a layer of clothing and do the opposite if it feels cold.

Remember that your child will lose a lot of heat if its head is exposed, even if its body is well clothed!

Breastfeeding

Breast milk is not only the ideal food for your baby as it supplies the best nutrients for growth (including brain development!) it also provides protection against infections. For the breastfeeding mother it lessens the risk to develop breast and uterus cancer and often leads to rapid loss of pregnancy weight gain!

The Sisters and Nurses in the Maternity ward are experts in the field of breastfeeding.

The following notes are only to remind you about what they taught you.

Fluids

Drink 2½ to 3 litres of liquid per day. Two of these are for yourself and the rest to produce milk.

Approximately 80% of milk is water – *if you do not consume enough fluids, you can't produce enough milk!*

In order to take in enough fluid, make it fun! Make sure that you have about 500 ml water or juice next to you as you start breast-feeding. As you feed your baby take little sips yourself!

The following 'Milk Juice' (Jungle Juice) is not only delicious and the right quantity per day, but also makes it easy to see how much fluid you consume.

Milk Juice for breast-feeding mothers:

- 50 ml Weleda Blackthorn Elixir
- 1 l fruit juice
- 2 l water or rooibos tea
- 1 bag rehydrate
- (1 Cal-C-Vita tablet)

Other liquids which are recommended apart from water are:

- Milk – except if there are allergy-related problems in the family regarding milk
- Tea – especially rooibos tea
- Ginger ale – first get rid of all the gas by shaking it or putting in ½ a teaspoon of sugar, especially in commercial brands like Stoney. One glass of ginger ale per day, depending on your milk production, is recommended

Flavoured water

Instead of fruit juice you can make flavoured water. It is delicious and appealing to the eye and contains much less sugar than fruit juice.

- 1L water or rooibos tea
- A cup of fresh fruit (any fruit except banana).
- Put the fruit into a cool drink jar, squash with a wooden spoon to release the flavour and juice
- Pour 1 Litre of water or rooibos tea over the fruit and keep overnight in the fridge.

Nutrition for the breastfeeding mother

Eating nutritious and healthy foods is as important while breastfeeding as at any other time of life. Mothers are encouraged to take a simple, common sense approach to healthy eating at this time.

You don't have to follow a special diet while breastfeeding. Rather focus on making healthy choices. A variety of whole-grains, fruit and vegetables is beneficial to ensure intake of essential nutrients.

Eating a variety of foods will change the flavour of breast milk, which in turn exposes your baby to different tastes. This might help him/her accept solid foods much easier in future.

It is also recommended that you continue using your pre-natal vitamins while breastfeeding, to ensure that you are getting all the vitamins you need.

Include protein in all 3 your meals to ensure that your baby gets enough building blocks to grow optimally, *especially food rich in iron!*

This applies to all diets, whether vegan or other!

- *Choose foods rich in iron, protein and calcium.*
- *Sources that include iron: dried beans and peas, lentils, enriched cereals, whole-grain products, dark leafy green vegetables, and dried fruit.*
- *To aid the absorption of iron, eat foods rich in vitamin C – strawberries, citrus fruits, sweet bell peppers and tomatoes.*
- For the vegan alternative sources of protein are eggs and dairy products or plant sources, such as soy products and meat substitutes, legumes, lentils, nuts, seeds and whole-grains.
- Sources for calcium are dairy products and leafy green vegetables.

What food and drink should I limit or avoid while Breastfeeding?

Alcohol: **No level of alcohol in breast milk is considered safe for a baby.**

Caffeine: Avoid drinking more than 2-3 cups of caffeinated drinks a day. *Caffeine might agitate your baby or interfere with your baby's sleep.*

Fish: Choose seafood that is *low in mercury*, such as shrimp, salmon, and tuna.

Could my diet cause my baba to be fussy?

- If you suspect your baby to be more fussy than usual as a result of something in your diet, avoid the food or drink for up to one week to see if it makes a difference in your baby's behaviour.
- You may consider eliminating dairy products or other allergenic foods or ingredients such as cow's milk, eggs, peanuts, tree nuts, wheat, soy and fish.
- Avoiding spicy or gassy foods, such as cabbage, onions and beans, might also help – but has not been proved through research.
- *It might help to keep a food diary* ⁵where you list everything you eat and drink and how your baby reacts.

Breast stimulation and supporting advice

Brewer's yeast stimulates milk-production. 2 tablets 3 times a day are recommended. Home-made ginger ale also contains yeast.

Remember:

- A healthy diet,
- sufficient rest and

⁵ Mayo Clinic <https://www.mayoclinic.org/>

- less stress

will help to increase milk-production.

In order for your breasts to produce enough milk, they must be stimulated

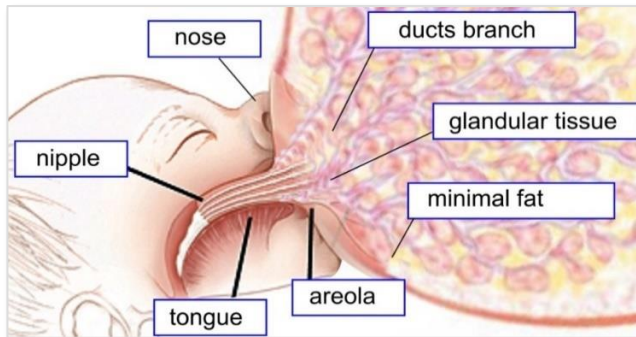
- Therefore 3 to 4 hourly feeding for 20 to 45 minutes. are recommended
- Breast milk can also be milked out by hand or a pump and stored for later use in the refrigerator or freezer.
- Massaging your breast for 6 – 7 minutes after a feed is beneficial.
- *Looking and talking to your baby transmits the message to your brain to produce more milk!*
- If nothing seems to help, contact your Breastfeeding Advisor or Doctor for advice. Sometimes medication can be prescribed to stimulate milk production. Just remember that no amount of medicine will help if you do not consume enough appropriate food, do not drink enough liquids and don't regularly stimulate your breasts by letting you baby suckle or by milking out !
- The milk stimulating tablet can be taken 3 times per day, but it can be taken less often as you feel you breasts firming up.

Anatomy of Breastfeeding

- Breastfeeding can seem mysterious at first.
- What's going on inside the breast?
- Where does the milk come from?
- Can the baby breathe okay?

In fact, mothers and babies are naturally designed for breastfeeding!⁶

The picture shows how you and your baby work together during breastfeeding.



Lobules are areas where milk is produced from where ducts transport it to the nipple.

The baby's nose is flat, allowing easy breathing while breastfeeding.

The nipple has many small openings to spray milk.

The areola provides oils to clean and lubricate the nipple. During feeding, as much of the areola as possible should be in the baby's mouth.

Baby's tongue helps the baby suckle. *It should be placed beneath the nipple.*

How? Position, Practice, Patience and Perseverance.

⁶ <https://youtu.be/NfjVfGccelA>

Watch out for your baby's cues that s/he is hungry:

- S/he starts to nuzzle and move
- There is lip smacking or lip licking
- Tongue thrashing
- Bringing fingers to the mouth
- Opening mouth, (rooting movements)
- Crying (is a late sign of hunger).

Start when you both are relaxed, calm and alert. If your baby is upset and crying, pick him/her up and soothe her/him first.

If your baby is not alert and awake you should wake him/her up by undressing him/her, open the nappy to check, change it if needed or close the nappy. Put your baby in a skin-to-skin position facing you with his/her body. This will bring out the baby's natural responses to feed.

Positioning

There are different positions but your baby must always be level with your breast (use as much pillows as needed to support your arm and your baby's body), your baby's ear, shoulder and hip should be in a straight line and your baby must be turned towards you. Experiment which positions you find the most comfortable or alternate according to your needs⁷.

- *Cradle hold (Madonna position):* Your baby's head rest in your hand and the body is supported by the same arm.
- *Cross cradle hold:* Your baby's head is resting in the hook of your elbow and his/her body is supported by the same arm and hand.
- *Football hold:* Your baby's body is lying under your arm on pillows, and you use the same hand to support his/her head.
- *Lying on your side:* Both you and your baby are lying on your sides facing each other.
- *Lying on your back with baby on top of you:* Your baby's head is at the level of your breast and his/her body and feet are pointed in the same direction as your own.

Some more advice on getting that little mouth there...

- Cup your breast with your fingers below and your thumb above it with the hand that is not supporting your baby (C–hold). (Fingers away from the areola as baby should take about 3 cm of your areola into his/her mouth.⁸
- Lift the nipple to the baby's nose with your index finger. When you tickle his/her lips with your nipple s/he will open his/her mouth. When his/her mouth is wide open, flattens the breast a little between your thumb and index fingers, insert your nipple as deep as possible into your baby's mouth (by bringing the baby towards the breast and not the breast to the baby) in order to get as much as possible of the areola, inside your baby's mouth. The nipple should be at the soft back palate. This will stimulate the suckling reflex of your baby.
- You should hear your baby starting to suck and swallow, after a few moments the suck-swallow rhythm changes from short to long sucks with some pauses in-between.
- If your areola area is too full and hard, you will not be able to flatten it between your thumb and fingers and your baby will then not be able to latch well. It will appear as if the baby's mouth is too small (or your breast too big). If this happens, you must milk out a little milk or stand under a warm shower to enable some of the milk to be released. This will soften up the areola area, enabling better latching.

⁷ <https://youtu.be/kKPrPmc1zXo>

⁸ <https://youtu.be/Clx CZmfF8ng>

- If your baby latches correctly you should not feel any pinch or pain while your baba is suckling. If you feel a pinch, safely break the latch (insert your 5th or 2nd finger between your breast and baby's lip, let a bit of air in to break the seal) and put your baby back on to latch correctly.

Correct latching means

- Most of areola is inside baby's mouth,
- The chin is touching the breast,
- The mouth is wide open,
- The lips must be flanged (lower lip curls outward, you can see a little of the inside of the lower lip),
- You should see more of the areola above the baby's mouth than below
- The baby should be suckling effectively.
- Correct latching will largely prevent your nipples from becoming sore and cracked. The areola contains glands secreting a natural lubricant. If the baby only sucks the nipple, this lubricant can't do its job.
- If your breasts ache or the skin of your nipples becomes damaged, contact your Breastfeeding Advisor/Sister on duty at the maternity ward or your doctor for advice. Sometimes applying an ointment will assist in the healing process.
- If the baby's nose is obstructed by the breast, your baby is too high up on the breast, if you move him/her down and let the chin touch the breast the baby will hold the nose up by him/herself. Both of you should be comfortable. If not, consult your advisor.
- *Make frequent eye contact with your baby while you feed him/her and talk to him/her in a loving and reassuring way.* This will not only strengthen your bond with your baby but will help him/her to stay awake and feed better. (It also stimulates earlier language development.) If s/he falls asleep, squeeze your breast to increase the milk flow. If it does not help, tap him/her under the chin a few times to remind him/her why s/he is on the breast, moves his/her arms or tickle the feet. If s/he falls asleep repeatedly it may be because s/he is too warm or getting bored because s/he does not have your attention. Remember to remove all his/her clothes except the nappy to enable the natural reflexes to do its work. If it still happens in spite of doing all the above, use a cool wet cloth to wipe his/her forehead or limbs to keep him/her awake tile he/she finished drinking. Eye contact with your baby stimulates your brain to produce more milk.

Watch out for fullness cues

- Slower sucking, releasing nipple and turning head away
- Refuse 2nd breast if offered after you burped him/her (loses interest to feed)
- May fall asleep after a sufficient amount of time. If you have to unlatch before baby releases your nipple, do it safely.

Burping is important!

- Air travels up so it is important to keep baby's body upright!
- Your Baby's mouth and tummy should be in a straight line. Put baby on your lap. Support his /her jaw with your thumb and index finger
- Support (apply gentle pressure with the palm of that hand to) your baby's tummy.
- Gently rub the back in an up-and-down motion with the other hand for a few minutes till baby burped.
- If nothing comes out it means your baby does not have a wind right now.
- If your burping technique is not working, ask for help.

Help your baby to fall asleep

- After burping, swaddle your baby.
- Hold him/her.
- If s/he does not settle, let s/he soothe him/herself by sucking on your clean index finger, upside down to touch the soft palate until s/he falls asleep.

How to store and warm up breast milk⁹

- Express milk with your hand or pump.
- Put it in a sterile container e.g. a bottle
- Date the container (use the oldest milk first),
- Let it cool down and store in refrigerator or freezer.
- Before use let it defrost naturally by taking it out of the freezer and putting it in the fridge the day before you need it.
- When you warm it up, put the bottle in hot water, *not in a microwave (it destroys the nutrients.)*

Breastfeeding should not be uncomfortable or painful!

- Babies usually suckle between 20 to 45 minutes. It is better to empty out one breast before offering your baby the other one. This prevents your baby from only drinking foremilk¹⁰. Foremilk appears watery, bluish in colour and is rich in protein but contains less fat than hindmilk. The hindmilk helps to keep him/her satisfied for longer. The fat containing milk usually only appears after about 10 minutes.
- If your baby is still hungry after 45 minutes, manually extracted or pumped milk can be given as a supplemental feeding. Contact your breast-feed advisor about the volume. There is always a sister on duty at the maternity ward (022 719 1030 X 5) of Life West Coast Hospital which will gladly assist you.
- Feed your baby every 3-4 hours or on demand throughout the day. Babies younger than 6 weeks should not sleep more than 5 hours before being wakened for feeding. Babies older than six weeks should be encouraged to sleep through the night but can be fed every 4 hours if needed.
- It is unusual for babies to need suckling more often than every 3 hours for prolonged periods of time. If that happens we suggest that you contact your breastfeeding advisor before you become exhausted. A sister is always on duty at the maternity ward of the Life West Coast Hospital ((022)719 1030 Ext 5.). They like to give a helping hand.
- You will know that your baby drinks enough if s/he is satisfied and happy, sleeps for about 3 hours before waking up, has about 6 wet and 3 dirty nappies per 24 hours (by day 3 stools are yellow and substantial –about a tablespoon per stool or more) and is gaining weight.

⁹ https://www.youtube.com/results?search_query=store+breastmilk

¹⁰ https://www.youtube.com/results?search_query=foremilk

- If your baby is not getting enough milk you should signal your brain to produce more by stimulating your breasts with *extra massaging* for 6 to 7 minutes or pumping out milk after breastfeeding. If your baby is underweight you can continue to stimulate your brain like this till it gets the message. For massaging you divide the breast in quarters and massage each quarter from the nipples to the outside with your fingers making small circular movements. Ask your breastfeeding consultant if you are not sure.
- Full breasts are normal, engorgement/swelling is never normal. If it happens, apply cold compresses (cool dry ice bags or refrigerated cabbage leaves with holes cut out over the nipple area can also be used).

If you develop a hot, red spot on your breast or a fever contact your doctor. This may be the beginning of mastitis¹¹. NB: Most women's breasts feel a bit tender from day 3 to day 10 but it should never be intensely painful.

- If you get cracked nipples consult your breastfeeding advisor. *It is usually caused by incorrect latching.* Natural treatment is to apply breast milk to your nipple, let it dry naturally and expose your nipples to sunlight for a few minutes a day. (Not in the middle of a summer's day as the sun's rays are too strong then.)
- If you feel a burning sensation on your nipples and they become bright pink, you probably developed a thrush infection on your nipples¹². Often your baby will then have thrush in the mouth too. Contact your Breastfeeding Advisor.



You are encouraged to educate yourself through videos and the internet. One word of caution though, there is also 'information' on the internet, just as in any other media, making wrong and sensationalist claims; if you are in doubt contact your paediatrician!

Videos worth watching:

- [How to increase breast milk](#)
- Dr Jack Newman - very thorough, in which he also discusses [the value of breast milk!](#)
- Here is a video on [breastfeeding in isiZulu!](#)
- Avoid alcohol during pregnancy and [breastfeeding in isiXhosa!](#)
- [Breast Feeding Positioning.](#)
- [Deep Latch technique](#)
- Latching/attachment, [World Health Organisation](#)
- [Engorgement](#)
- [5 tips](#)
- [What to do when baby is falling asleep, Dr Newman](#)
- [How to keep baby awake](#)
- [Breast massage](#)
- [Pump and store breast milk](#)

Immunizations

Why do we immunize our children?

Immunization protects our children against common childhood diseases. These diseases have in the past, before immunizations became available, often resulted in death of the affected children. A century ago it was the exception if a family did not at least experience one childhood death as a result of one or more of

¹¹ https://www.youtube.com/results?search_query=mastitis+in+humans

¹² https://www.youtube.com/results?search_query=thrush+infection+nipple

these infections! Since the institution of immunizations childhood mortality drastically declined, although, during the 1990's, propaganda against the MMR immunizations by European activists who claimed that the MMR inoculations were responsible for an increase of autism amongst children, led to many parents - especially in Great Britain - to not immunizing their children. *This resulted in an immediate rise in childhood mortality in Europe, which only levelled off and was brought under control after MMR immunizations were fully reinstated.* It must be noted that the anti-vaccination campaign is still prevalent - also in South Africa.

Childhood diseases are brought on by viruses and bacteria which invade the body and cause illnesses which affect either the whole body or parts of it (i.e. ears, nose, throat, lungs, the digestive system or the brain).

These viruses and bacteria are present in the environment and are being spread by amongst other coughing and sneezing (called droplet transmission), through unwashed hands, soiled objects like towels, dirty water, blood etc.

Tetanus is mostly transmitted by bacteria which enter ruptured skin through lesions caused by rusted objects.

With meningococcal infections transmission usually occur during close contact - so called 'kissing contact'. At present there is no immunization available against the group B strain which predominates in the Western Cape, *although preventative treatment is available for persons who have been in contact with a meningitis patient. Immunizations are available for the Group A, C, Y and the W135 strain, which may be applicable if your child often visits Gauteng or travels overseas.*

Which immunizations are available in South Africa?

Since May 2010 there are two immunization schedules available in South Africa:

1. The government provided Extended Programme of Immunization (EPI)

Advantages of EPI:

1. The State provides this service at no cost. (Note that Dr Van der Walt also provides EPI immunizations for free as part of a normal consultation).

2. The Private Immunization Programme (PIP)

Advantages of PIP:

1. More disease coverage. Take note that the following immunizations are not covered by the EPI but are part of the PIP:
2. 9 months: Meningococcal Immunization against the A, C, Y and W1375 strains (but not against the B strain which is prevalent in the Western Cape)
3. 13 months: Hepatitis A and Meningococcal vaccines
4. 15 months: German Measles, Mumps (plus booster for Measles) and Chicken Pox vaccines.
5. 19 months: booster for Hepatitis A
6. 6 and 12 years of age booster (Diphtheria, Tetanus, Whooping cough, Polio.)

Disadvantages of PIP:

1. The vaccine have to be bought. Although immunizations are covered by most medical scheme options as part of the day to day expenses. Inquire at your medical aid fund. If it is not covered, it will be charged separately.
2. In some cases you have to order, fetch and take the vaccines along to the service point but at West Coast Paediatrics we stock most of the private immunizations, *please ask when making an appointment!*
3. Most people who can afford private immunizations take advantage of the EPI but supplement it with the PIP, either by buying it themselves or by claiming it from their medical aids where applicable.

Where can I get it?

- All government clinics supply only the EPI. Contact your local Department of Health or the Health Division of your local municipality to get the date, time and locality of an immunization clinic.
- Some pharmacies: for instance Sr. Jarvis at Clicks Vredenburg Mall and Sr. Williams at Clicks Laguna Mall. A consultation fee is applicable but EPI immunizations are free. An appointment is needed.
- Free immunizations are available as part of a consultation at West Coast Paediatrics, Vredenburg by appointment only! Please make an appointment @ 0227135149. EPI vaccines are free. Just remember that the PIP vaccines are not free, however most medial aid schemes cover them on the day-to-day benefit.
- The meningococcal immunization is expensive. Booking is essential if it you want it to be done at West Coast Paediatrics as we need to order it. It must be administered twice, a month apart, if given to children less than 2 years of age but once only in children older than 2 years of age.

Remember to bring your immunization document (Baby Book) along!

Whilst we're at it, remember your annual flu shot!

&

The six monthly Vitamin A drops which protect children against infections by keeping their skin and mucous membranes healthy!

Immunization Schedule

Age Of Child	Vaccine	Common Name	How Is It Given
birth	BCG	TB Vaccine	Injection
	OPVG	Oral polio Vaccine	Oral drops
6 weeks	OPV1	Oral Polio Vaccine	Oral drops
	RV1	Rota Virus drops	Oral drops
	PCV1	Streptococcal vaccine	Injection
	Hexavalent: DTaP-IPV-Hib1	Diphtheria, Tetanus, Polio, Pertussis Haemophilus Influenza B injection	Injection
10 weeks	Hexavalent: DTaP-IPV-Hib1	Diphtheria, Tetanus, Polio, Pertussis Haemophilus Influenza B injection	Injection
14 weeks	RV1	Rota Virus drops	Oral drops
	PCV1	Streptococcal vaccine	Injection
	Hexavalent: DTaP-IPV-Hib1	Diphtheria, Tetanus, Polio, Pertussis Haemophilus Influenza B	Injection
6 months	Measles1	Measles vaccine	Injection
9 months	PVC3	Streptococcal Vaccine	Injection
optional	Meningococcal Meningitis	Meningococcal Meningitis Vaccine	Injection
12 months	Measles2	Measles vaccine	Injection
13 months optional	HAV	Hepatitis A Vaccine	Injection
	Meningococcal Meningitis	Meningococcal Meningitis Vaccine	Injection
15 months optional	MMR & Varicella	Measles, Mumps, Rubella and Chickenpox	Injection
18 months	Hexavalent: DTaP-IPV-Hib1	Diphtheria, Tetanus, Polio, Pertussis Haemophilus Influenza B injection	Injection
19 months optional	HAV	Hepatitis A Vaccine	Injection
6 years or optional and optional	Td	Tetanus and Diphtheria	Injection
	TdaP-IPV	Tetanus, Diphtheria, polio and Pertussis	Injection
	MMR & Varicella	Measles, Mumps, Rubella & Chickenpox	Injection
9 years	HPV	Human Papilloma Virus	Injection
12 years or optional	Td TdaP-IPV	Tetanus and Diphtheria Tetanus, Diphtheria, polio and Pertussis	Injection Injection

Immunizations in **bold** are the PIP vaccines, which are not supplied for free but which are covered by some medical aid options.

Common side-effects of immunization:

- The BCG immunization given at birth usually results in a small abscess on the upper right arm. It usually manifests between 6 weeks and 3 months. The abscess typically opens to exude a green-yellow puss, afterwards a scab (rofië) forms over it. *This process might repeat itself. Don't apply ointments, don't open the abscess, and don't remove the scab.*
- The most common side-effect of immunizations is a local reaction in the area where the injection has been given (redness, sensitivity).
- In rare cases cold-like symptoms, coughing and fever (up to 39°C!) and a runny nose might occur. It seldom lasts longer than 48 hours after the immunization was given.
- A mild skin rash is seldom seen but can occur.

There is no relationship between the MMR injection and autism

- Rumours that autism is caused by the MMR immunization have repeatedly been proven void of all truth and the doctor responsible for this 'discovery', Andrew Wakefield, has been scrapped from the medical register of the United Kingdom in 2010 for this fraud after hundreds, if not thousands of children have died following his call to discontinue immunizations with MMR.
- An intense Danish study involving more than 500,000 children has established that children who have received MMR immunization in fact have less chance of developing autism. Other studies have also invalidated any connection between MMR and autism.

Immunizations, some practical guidelines:

- For your convenience it is suggested that you make an appointment with us to bring your little one for his/her heart check-up and immunization on the same day you visit your gynaecologist for your after birth appointment at 6 weeks. *It is your responsibility to schedule these meetings. Please call us at least 2 weeks in advance for this appointment as we are quite fully booked at the best of times!*
- Most Parents are using the free government immunization schedule (EPI), and only buy the immunizations that the government does not supply – see table on previous page. *The quality of the EPI is good.*
- These immunizations form part of the normal consultation and we do not charge extra for administering the immunization.

Baby's Diet

- Regularly we see children with complaints of tummy aches. Mostly these aches are caused by constipation and blocked guts due to the wrong diet. It is difficult to change a child's taste preferences when they are older than one year. As nobody would like to see their children suffer with pain, it makes sense to start a child on a good diet while they are still learning to eat.
- If we look at the current way of feeding babies, it is obvious that we introduce them to bland or too sweet stuff in the first year of life. (Like baby cereal and commercial baby foods in a jar) In this way they do not learn to eat normal family food! Between the ages of 1 and 3 years it is a daunting task to get children to start eating new foods. Children who are not already on a good varied diet at this age mostly become picky feeders.
- It is possible to start babies on a more economical and healthy diet than the current approach to give them commercially available food in a jar without it becoming a burden to prepare.
- Solids are usually introduced between the ages of 4 to 6 months.

There are certain signs that your baby is ready to eat solids:

- Your baby has good head control.
- Your baby has double his/her birth weight

- Your baby is getting hungry earlier than before, demanding 2 to 3 hourly feeds while he was satisfied with 4 hourly feeds before.
- Your baby starts to follow your fork as it moves from your plate to your mouth while you are eating.

This suggested plan is for healthy babies with low allergy risk and no other gastro intestinal disturbances or special needs. The suggested solids do not replace your baby's milk feeds!

Remember your baby is still a learner- eater. They are only more confident eaters at the age of 9 months and will decrease their milk intake at that time.

Week 1 of the program:

- Start with 'green' vegetables (gem squash, spinach and baby marrow) and sweet potato or potato. Steam, boil or bake the vegetables. Liquidize it with additional water if necessary. In the beginning strain through a sieve and collect the pulp. Freeze in freezer containers in 3 teaspoon (3 tsp.) quantities. Your ice block holder works well.
- Day 1 to 3: Give 1 to 3 teaspoons green veggie mix at midday at a happy awake time.
- Day 4 to 7: Offer a second feed of the green veggie mix (3 tsp.) at 6 pm before bath and bedtime bottle.
- If your baby pushes the food out with the tongue it does not mean that he/she does not like it but rather that your baby is still learning to eat solids and his/her tongue is not used to it yet.
- Once your baby gets used to eating green veggies, you have conquered the most difficult part. Not only is it the safest to start with green veggies as the risk for allergies is the smallest, it is better to start with green veggies before their palates get used to the sweetness of yellow veggies and cereals. If the above sounds too strange, you may start with gem squash and gradually add the other green veggies.

Week 2 of the program:

- It is now time to start with porridge and fruit purees.
- For Breakfast you can introduce Kreemy Meal maize porridge or Bokomo Maltabele. (Make enough for the whole family.) If you would like to give Oatmeal porridge during the last few days of the week, make it up to a runny texture, liquidize it and you can rub it through a sieve. Porridge freezes well.
- It is a healthy habit to have fruit for breakfast. Start with one teaspoon apple sauce! Later in the week you can give pear puree, cooked prunes or boiled soft fruit in season, after you cooked it, and pureed it to a fine consistency.
- At Lunch time you can start with yellow veggies. (Pumpkin, butternut, cauliflower and carrots.) Some people like parsnip as well. Use what your family prefers. Prepare it like the green veggies. Give 3 to 6 tsp. per meal.
- At supper: Give 3 to 6 tsp. of your green veggie mix.

Week 3 of the program:

- For Breakfast you can give Maltabella, oats or Kreemy Meal alternating.
- For Lunch: 3 to 6 tsp. green veggie mix and add 2 tsp. full cream yoghurt.
- For Supper: 3 to 6 tsp. yellow veggie mix, add 2 tsp. unflavoured cream cheese.

Weeks 4 to 6 of the program:

- For Breakfast: Alternate the breakfast grains you used in the previous weeks but increase it from 3 to 9 tsp. of porridge.
- Lunch: Continue to give the green veggie mix, (3 to 9 tsp.) but start a new protein:
- Supper: 6 tsp. of yellow veggie mix plus 3 tsp. of a protein. (Chicken, lamb, beef, ostrich, yoghurt or cream cheese.)

- Babies under the age of 6 months can start a new protein every week but those older than 6 months can start a new protein every 3 to 4 days.
- You can change around the lunch time and supper time protein. example: chicken at lunch and yoghurt or lamb for supper.
- Start by giving 2 tsp. protein but increase then to 3 tsp.

Prepare your meats as follows: (Chicken, beef, lamb or even ostrich if you like.)

- Boil or steam the meat with a small piece of onion and/or garlic in the water. Pour over some lemon juice for taste before you cook it.
- Remove the onion and garlic. Add a little veggie stock and liquidize it or use a food processor.

After 6 weeks on the program:

- You can get more adventurous, if your baby is allergy free, let her/him taste off your plate.
- Introduce water in small amounts with a straw cup after meals.

After 7 months of age:

- You can start to give egg. Firstly, as a soft scramble.
- Try mixed grain solid feeds.
- Offer bits of soft cheese. (Example Laughing Cow or Kirri).
- Start finger snacks and fresh raw fruit. Fruit can be cut in slices large enough for your baby to hold. If you are anxious about choking on the bits that break off, you can put it in a muslin cloth or one of the commercial gauss bags available. Banana can be squished with a fork

At 9 months of age:

- Start giving broccoli, cauliflower, young green beans or any vegetables you like.
- You can introduce fish after 9 months of age. Sardines contain the valuable Omega 3 fatty acids and are easy to squash. The bones of snoek must be removed carefully!¹³

HOW DO I KNOW WHEN MY BABY IS ILL?

1. **If your baby's breathing pattern changes e.g. Fast or slow or he/she is struggling to breathe – seek emergency assistance!**
2. **When your baby is crying excessively or is irritable.**
3. **If your baby is vomiting all or most of his/her feeds.**
4. **When there are not as many wet nappies as usual. There should be at least 1 wet nappy every 8 hours.**
5. **If your baby is feverish or has a persistent low temperature. Normal temperature readings vary according to the type of thermometer you use: Skin/surface temperature should be between 36.5 and 37.5 °C but core temperature is usually between 36.5 and 38 °C. Consult the instruction leaflet of your thermometer to see which kind of measurements are applicable!**
6. **If your baby has an unusually blue or pale skin colour.**
7. **If your baby develops seizures or respiratory distress you should take him/her immediately to the Emergency Unit of the nearest hospital.**

¹³ This diet plan (with adaptations for the people of the West Coast) was inspired by the Paediatric Dietician Katherine Megaw. Her phone no. is: 0836595446 or 021 5544959, <http://www.nutripaeds.co.za/>