



Kango Times

Newsletter of the Neonatal Units of Universitas Hospital

Edition 3: Aug/Sept 2013



World Breastfeeding Week 2013

1-7 August 2013

THEME: BREASTFEEDING SUPPORT: CLOSE TO MOTHERS

This year's World Breastfeeding Week (WBW) theme, 'BREASTFEEDING SUPPORT: CLOSE TO MOTHERS', highlights Breastfeeding Peer Counselling. Even when mothers are able to get off to a good start, all too often in the weeks or months after delivery there is a sharp decline in breastfeeding rates, and practices, particularly exclusive breastfeeding. The period when mothers do not visit a healthcare facility is the time when a community support system for mothers is essential. Continued support to sustain breastfeeding can be provided in a variety of ways. Traditionally, support is provided by the family. As societies change, however, in particular with urbanization, support for mothers from a wider circle is needed, whether it is provided by trained health workers, lactation consultants, community leaders, or from friends who are also mothers, and/or from fathers/partners.

The Peer Counselling Program is a cost effective and highly productive way to reach a larger number of mothers more frequently. Peer Counsellors can be anyone from the community who is trained to learn to support mothers. Trained Peer Counsellors, readily available in the community become the lifeline for mothers with breastfeeding questions and issues. "The key to best breastfeeding practices is continued day-to-day support for the breastfeeding mother within her home and community."



THE FIVE CIRCLES OF SUPPORT

WBW 2013 Objectives

1. To draw attention to the importance of Peer Support in helping mothers to establish and sustain breastfeeding.
2. To inform people of the highly effective benefits of Peer Counselling, and unite efforts to expand peer counselling programmes.
3. To encourage breastfeeding supporters, regardless of their educational background, to step forward and be trained to support mothers and babies.
4. To identify local community support contacts for breastfeeding mothers, that women can go to for help and support after giving birth.
5. To call on governments and maternity facilities globally to actively implement the Ten Steps, in particular Step 10, to improve duration and rates of exclusive breastfeeding.

Occupational Therapy in the Neonatal wards

By Elsa Viljoen

The main outcome of Occupational Therapy in the neonatal wards is to promote optimal development and protection of the infants during their stay in the hospital through education of parents to establish a well developed relationship with their infants.

It is the role of the Occupational Therapist to facilitate correct positioning and handling of the infants by the staff and parents. Through positive touch techniques we teach the parents how to give calming input to their infants for optimal development. The Occupational Therapist facilitates communication between the parents and the multi-disciplinary team, explains neonatal terminology to them and teaches them about the age and weight classification of their infants.



A mother is using a positive touch technique to give calming input to her premature infant.



Little Steps Classes: Mothers learn how to give KMC to their infants



Each week we present Little Steps classes to the parents where they receive education in the following:

- Fetal Development
- Behavioural States/Subsystems of the infant
- Stress cues
- Calming techniques which can be used to calm the infant
- Kangaroo Mother Care (KMC)

The parents have the opportunity to attend the “stress management groups” every Thursday, as they are going through a very stressful time in the hospital. Too much negative stress has a big impact on one’s wellbeing and also on the production of breast milk for the infants. We learn the parents different relaxation therapy techniques which they can apply every day or when they feel it is necessary. A creative group is part of the stress management groups, where they learn how to make low-cost toys and how to stimulate different developmental milestones with that specific toy.

Individual referrals are received for any developmental problems and/or disorganized infants, for example hydrocephaly, spina bifida, cerebral abnormalities (muscle tone problems), Down’s syndrome, hearing and/or eyesight problems, etc. The infant will be assessed through formal and informal testing and a specific treatment plan will be set into place. The first aim is always to give insight to the parents on their infant’s condition or pathology in order for them to understand the treatment plan, whether it is in terms of sensory integration and/or neuro-developmental therapy. It is important for the parents to work together with the Occupational Therapist to achieve the treatment aims, as they are the ones going home with their infant. Stimulation activities and baby massage will be taught to the parents where applicable. Once they are discharged, they will be referred back to their community for further therapy if it is necessary. They will also receive an appointment to come back to the high-risk clinic at Universitas Hospital, where the infant’s health and development will be assessed through the multi-disciplinary team.

CONFESSIONS OF A MOTHER

Letter Column

June 2013

"I was sad at first when Bongani Hospital transferred me to Universitas Hospital, but now I'm a happy mom. I was 7 months pregnant when I came here to Universitas for the doctors to find a solution. My baby was struggling to grow well and the doctors had to take her out. I was crying not knowing what will happen to my child after birth. Her weight was only 1,2kg and she was placed in the ICU.

I had to breastfeed her and by that time my breasts had no milk. The doctors then suggested that I should sign a consent form for donor milk and explained that my child will get the milk for 14 days until I can produce the breast milk myself. After this my baby was moved to the Neonatal High Care and I never lost hope on breastfeeding her, because I needed my child to grow.

She weighs 1,53kg and I am still breastfeeding her. I'm very happy because it shows that the milk is working on her system - breastfeeding is better than formula milk.

So I will encourage all moms out there to take a look at their babies and think for their health's sake to breastfeed them. I am now very happy and my baby is a happy baby.

I go for breastfeeding and I thank all the nurses who encouraged me to breastfeed."

Me Ntaopane



May 2013

Me Nancy Mahloko is a 26 year old first-time mother who lives with her parents in Rocklands.

She lives in Bloemfontein and came in every day from home to the hospital to stay with her baby and do KMC (Kangaroo Mother Care).

"It was a great experience. The nurses really took care of us. I did not feel that my baby was small. I would like to thank everyone - doctors and nurses: because if it was not for them I would have given up a long time ago"



Update on Zulaykha Lall who was our 660g miracle baby featured in the first edition of the Kango Times in April/May 2013: She is now almost 8 months old (but technically only 5 months if she was not born prematurely). She weighs 4,1kg and is such a bundle of joy, the apple of her parents' eye! They bring her to visit the unit regularly and donate all her old clothes that are too small for her to the unit... thank you to the Lall parents who keep on supporting the unit and share

Zulaykha here with matron Steinhobel on 26 July 2013 visiting the Neonatal unit with her parents.

Thank You...

Due to the tremendous support by the community after our previous edition, our crochet and knitting classes for the lodger mothers are going extremely well. We received a lot of donations in the form of wool, needles and material. We also received blankets and clothes for babies.

We would like to express our gratitude to the following people:

- Me Elna Van Niekerk – donation of wool, from Aberdeen
- Me J Wolfaardt – donation of wool
- Me Berta Booysen – donation of knitted caps
- Me Benade – donation of knitted caps, booties and vests

- Sister Conradie – making of baby blankets from donated material
- Lall family for donating clothes
- The congregations of the following churches for donations of wool, vests and material:
 - NG Kerk Bloemheuvel
 - NG Kerk Fichardtspark



Contributions for the next edition welcome: Give them to dr. Conradie or Matron Steinhöbel or place them in the box in HCU before or on 13 Sept 2013.



Daddy's Little Angel

© Jason A. Hodges

When you were born you filled my heart with pride,
And I was overcome by the joy I felt inside.
As I held you in my arms that very first day,
I knew I would never let any harm come your way.
With your tiny little hands and tiny little feet,
Everytime I look at you my heart skips a beat.
As I watch you sleep in the middle of the night,
I hope and pray I will do everything right.
I know I may make some mistakes along the way,
But I promise to do my best not to every single day.
I often wonder what you will grow up to be,
But whatever you become will be fine with me.
So whatever you may decide to do in your life,
Maybe an astronaut, a lawyer, or even a doctor's wife.
I can say this without any doubt at all,
I will always be there to catch you if you fall.
And another promise I make to you from me,
Daddy's little angel you will always be.



This edition of the Kango Times is dedicated to the memory of dr Barbra-Ann Saunders who loved babies and made the world a better place...