

GETTING HELP

Sister Leigh-Ann Davies at Grassroots Clinic and in our rooms on some afternoons has some invaluable advice on upsets in the first weeks.

During office hours we shall be available in our rooms. Obviously we cannot take calls when we are consulting, but we do screen phone messages, and return calls in the late afternoon. Sometimes we have great difficulty getting hold of patients that have asked us to return their calls. Please do make yourself available if you need to talk to us. Please appreciate that it is dangerous for us to make diagnoses over the phone, unless we know the patient very well and have seen him/her recently, so we may ask to have the child assessed by a doctor.

In the event that our rooms are fully booked for the day, please see your family doctor (general practitioner). If he or she feels that your baby is ill enough to need a specialist opinion, he/she will contact us, and an arrangement will be made to see the baby.

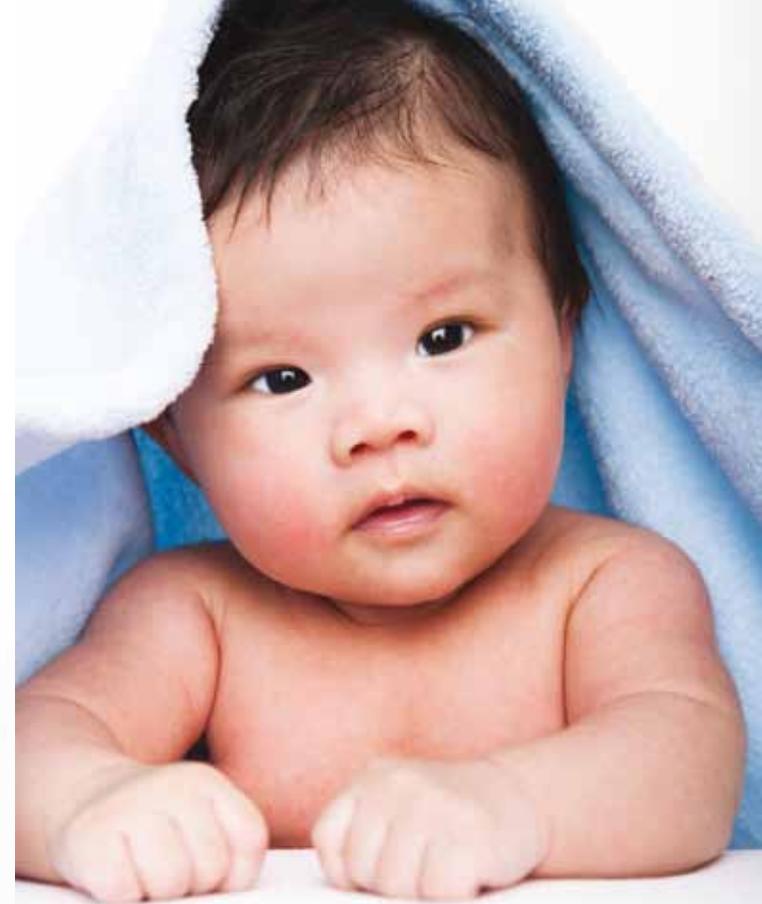
After hours, if your baby is ill, **bring him/her to the emergency rooms** for an immediate opinion about whether or not the paediatrician on call should be contacted.

CHECK-UPS

We like to see patients at about **2 weeks, 6 weeks, 6 months and 12 months** in order to pick up potential problems before they become serious. Thereafter we would like to see patients annually up to the age of 6 years.

DIETARY ADVICE

An in depth introduction to solids takes place weekly at Sister Leigh-Ann's rooms at Sandton Medi-Clinic. The talk takes 1 hour and the charge is R300. Sr Leigh-Ann will guide you step by step from your initial introduction to solids from 4 months, to eating at your table by 10 months. Please contact the rooms on 011 463 2515 to make an appointment.



Dr Melanie Dance

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Dear new mum,

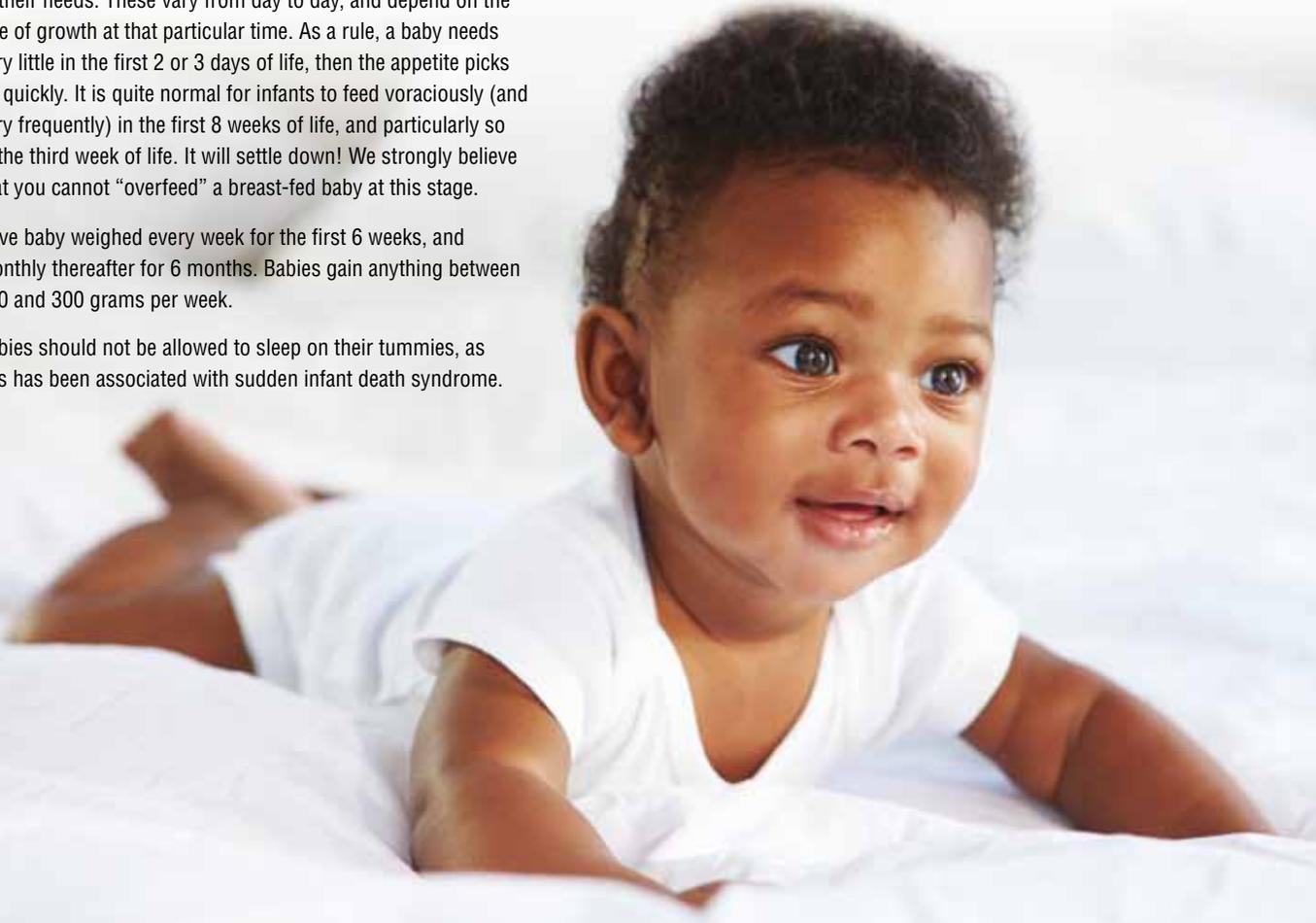
Congratulations on the birth of your baby!

As you will have discovered, looking after a new baby is a tremendous amount of work. You will need all the energy you can get in order to look after your baby in the coming weeks, so remember to do nothing that is not absolutely essential and to rest as much as possible.

We suggest that you read selectively about baby care, and take only that advice which seems to you to be sensible. Remember:

1. Babies are individuals therefore it is not always appropriate to force them into a rigid regime. They should be fed according to their needs. These vary from day to day, and depend on the rate of growth at that particular time. As a rule, a baby needs very little in the first 2 or 3 days of life, then the appetite picks up quickly. It is quite normal for infants to feed voraciously (and very frequently) in the first 8 weeks of life, and particularly so in the third week of life. It will settle down! We strongly believe that you cannot “overfeed” a breast-fed baby at this stage.
2. Have baby weighed every week for the first 6 weeks, and monthly thereafter for 6 months. Babies gain anything between 120 and 300 grams per week.
3. Babies should not be allowed to sleep on their tummies, as this has been associated with sudden infant death syndrome.

4. Do not allow anybody to smoke in your house.
5. Baby should be dressed according to the environment: baby should be dressed as you are plus one layer. Try not to over-wrap.
6. Keep baby's nose clear by instilling saline in the nose with every feed.
7. If a baby is crying in the first weeks of life, assume first that he/she is hungry. A baby that is not hungry might latch on, but will quickly stop feeding. Do not be afraid of overfeeding.
8. Please do not count the stools as the bowel action is very erratic in the first months.



RECOMMENDED VACCINE SCHEDULE FOR YOUR BABY

AGE	DISEASE
Birth – 2 weeks	Tuberculosis, Polio
6 weeks	1 st Rotavirus 1 st Polio, Diptheria, Tetanus, Acellular Pertussis, Hepatitis B, Haemophilus B 1 st Pneumococcal Infection
10 weeks	2 nd Rotavirus 2 nd Polio, Diptheria, Tetanus, Acellular Pertussis, Hepatitis B, Haemophilus B 2 nd Pneumococcal Infection
14 weeks	3 rd Polio, Diptheria, Tetanus, Acellular Pertussis, Hepatitis B, Haemophilus B 3 rd Pneumococcal Infection
9 months	Measles
1 year	Chicken Pox 1 st Hepatitis A
15 months	1 st Measles, Mumps, Rubella (MMR) 4 th Pneumococcal Infection
18 months	2 nd Hepatitis A 4 th Polio, Diptheria, Tetanus, Acellular Pertussis, Hepatitis B, Haemophilus B
2 years	Meningococcal Meningitis
6 years	Diptheria, Tetanus, Pertussis, Polio 2 nd Measles, Mumps, Rubella (MMR)
9 years	Cervical Cancer
12 years	Diptheria, Tetanus, Polio 3 rd Measles, Mumps, Rubella (MMR)

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