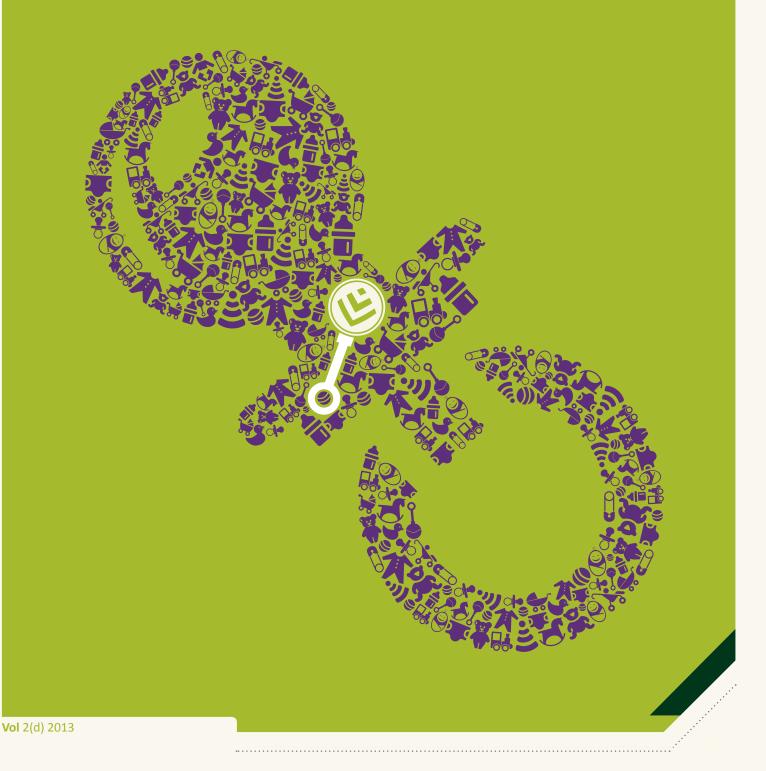


+ DISCOVERY HEALTH MATTERS

Pregnancy – Pre-term labour and premature babies





Discovery Health Matters

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Pre-term labour and premature babies

If you start to have regular contractions that cause the cervix to begin to dilate or thin out before 37 weeks, you're in pre-term labour. The greatest worry is that a baby born before this time may not be sufficiently developed to survive outside the womb. The British Medical Association says that 50% of premature deliveries occur for no known reason. Other causes for early labour include pre-eclampsia, hypertension, diabetes, existing kidney disease, heart disease, infections and multiple babies. The major complication for the baby is respiratory distress syndrome, where the lungs are not yet properly developed. Extra care should also be taken over the baby's immunity, and his or her ability to suck.

Depending on the circumstances, pre-term delivery can sometimes be averted once labour has begun. Certain medications can be used to prevent contractions and relax the womb, helping to delay birth.

While it can be frightening to go into early labour, modern medicine ensures babies have the best chances of survival, even as early as 24 weeks' gestation. Many premature babies catch up with their full-term playmates, in terms of development, within the first year or two.

Useful resources and additional information

Kangaroo Mother Care – http://www.kangaroomothercare.com/ Tommy's – http://www.tommys.org



Case study Baby steps

Davy, Tanya and Kyle Moodley, Johannesburg

When Tanya Moodley began experiencing abdominal pain 25 weeks into her pregnancy she thought it was just part and parcel of normal pregnancy.

"This was our first child and we were very excited from the beginning. We had wanted to have a child for a long time. It felt like a miracle from the start, but I was naïve about what was going to happen later on. In my mind it was all going to work out perfectly, I was going to have a normal birth and breastfeed without any problems. All the signs up to that point showed everything was well," says Tanya.

"But when the pain didn't go away and I started bleeding, I knew something was wrong," she says. Tanya and her husband, Davy, went to the hospital where their gynae did a physical exam and a scan and confirmed everything was in order. But the pain escalated through that night and her instincts told her all was not well.

"I woke up early the next morning, but I was so weak I could hardly move. The pain was intense and I could feel the baby moving down into the birth canal. I knew I was in labour, I knew the baby was coming," says Tanya.

"He was crowning in the car and I kept saying to Davy, 'drive faster, drive faster'. Although



we were only 10 minutes away from the hospital, it felt like the longest drive ever. I closed my eyes so I couldn't see how far we still had to go.

"We arrived at the hospital and I stood beside a pillar in the entrance and shouted for someone to help me. I had to keep my legs together to keep the baby from coming out."

It wasn't until the staff of the maternity unit saw the baby's head that they realised Tanya was in an advanced stage of labour. The baby was delivered straight away, with one push.

"I looked at the faces around me in the delivery room and I saw expressions of sorrow and regret. They looked at Davy, who was distraught and very emotional. The looks implied 'I'm so sorry for your loss'. I picked my head up and I saw a tiny blue baby. We were overcome with sadness and anguish, thinking that he had not survived, and seeing his little body lying still, without any movement.

"Everyone was quiet, and the pause in conversation felt very long. Then, out of the blue, this sound came, like a gasp. Kyle had taken a breath. Our despair turned into hope."

Tanya had suffered a placental abruption, where the placenta (which is the source of nourishment for the unborn baby) becomes separated from the uterus. The cause of the condition is unknown, but Davy recalls: "It was a very painful and traumatic experience – Tanya had labour pains for more than 24 hours."

Kyle had arrived 15 weeks early, weighing just 700g. A foetus is deemed clinically viable from 26 weeks' gestation.

"The gynae wrapped Kyle in a hospital gown, and the nurse took him and ran to neonatal ICU, where they resuscitated him. They worked on him for an hour to stabilise him and he was on life support for a day and a half," says Tanya.

"The doctors gave him a 10% chance of survival. He'd been starved of oxygen and we were warned of the possible complications that could arise in the days ahead, like heart and lung conditions and brain bleeds. The first 48 hours were crucial. 'Don't get your hopes up, expect the worst,' they said.

"I cried so much when I saw him, he looked so tiny and underdeveloped. He had a drip in his head, a feeding tube into his stomach and two other cords attached to his tiny little feet. Kyle's birth was a life-changing experience and it put things into perspective for us. I held onto my faith - not the stats and science - based on that first breath, which I believe was him saying 'I'm here for a purpose, I am going





to fight to live, I am going to hold onto hope, it's my time'.

"We were totally unprepared. We hadn't thought of names, done the shopping, or got his room ready or anything. I was depressed those first few days, I blamed myself, and thought if I had done this or that maybe things would be different. But I also knew I had done everything to keep fit and healthy, I have never drunk alcohol or smoked in my life, and so it felt unfair that my baby was suffering."

"But I had to put these things behind me. I never looked back, I just thought about what my baby needed from me. He needed to draw strength from us."

Kyle spent three months in neonatal intensive care and has had two heart surgeries already.

"From the beginning, we knew we needed to prepare for complications. After a few weeks, Kyle became very ill and the cardiologist picked up some problems. The first was the congenital heart disorder PDA (patent ductus arteriosus) where a connecting blood vessel that is open when the baby is in the womb so that blood bypasses the immature, non-functioning lungs, fails to close at birth. In order to get blood oxygenated, Kyle had to have the gap closed surgically when he reached a kilogram in weight. Kyle was one month old and weighed 900g when this procedure was done."

The second surgery, which was done when Kyle was seven months old and weighed 3kg, was to open a chamber of the heart that was too small.

Kyle has six-monthly check-ups with his cardiologist, and his third operation, to close the hole in his heart due to atrial septal defect (ASD), is planned for when he reaches 15kg.

"The journey was very stressful and a huge emotional roller coaster for us. Good news and happy moments of bonding always preceded bad news from the doctors, nurses and specialists. Fear, nervousness and despair were common emotions that we experienced, together with pride, joy and hope," say Tanya and Davy.

"The saying: 'Where there is life, there is hope' became our mantra. We never stopped believing that everything would turn out perfectly."

"The day we brought him home for the first time was the best day of our lives. Our house finally became a home," they say.

Touched by the Moodleys' story, the Discovery Health Concierge team reacted to their situation and founded the Premmie Concierge Project, which aims to assist and support parents of babies in the neonatal ICU and beyond.

"Discovery provided us with immense support during this time through the Health Concierge team. They constantly phoned to check in on us. They were always willing to assist, support and provide any information we required. In addition they emailed us a list of helpful links and articles. A pleasant and heart-warming surprise was when they sent us an information pack, which included a comprehensive book on dealing with a micro-premature baby," says Davy.

"We received personal care from Discovery, and felt we had somebody to partner with us on this journey. Discovery covered all the costs of the NICU and surgeries from our hospital benefit, as Netcare Sunninghill Hospital is part of Discovery's network. Hospital accounts are not something you want to worry about at a time when your newborn is living from day to day," he says.

Although he still has heart defects (atrial septal defect and pulmonary valve stenosis) and poor weight gain, Kyle, who is about to celebrate his second birthday, is an energetic and fun-loving little boy. He learns at least two new words a day. He loves playing with his toy cars, trucks and buses but his favourite pastimes are snuggling up to mommy, playing with daddy and chasing after his cat, Bizzy.

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