

OLDMUTUAL



# MATERNITY AND BABY BROCHURE



**Universal**  
Administrators

# INDEX

# PAGE

During pregnancy .....	2
How your baby grows in your womb .....	3
Ultrasound in pregnancy .....	4
Antenatal care .....	4
Preparing for birth .....	5
Mom and baby shopping lists .....	14
Postnatal (after birth) care .....	16
Your little bundle of joy has arrived .....	17
Childhood vaccination schedule .....	19
OMSMAF: Network and Network Select .....	20



# 1. DURING PREGNANCY

## MORNING SICKNESS

The actual medical term for morning sickness is nausea and vomiting of pregnancy.

For some pregnant women, the symptoms are worse in the morning and ease up during the course of the day, but they can strike at any time and, for most women, last all day long. The intensity of symptoms can also vary.

This condition affects about three quarters of pregnant women during their first trimester.

About half of the women who get nausea during pregnancy feel complete relief by about 14 weeks. The nausea may return later and come and go throughout pregnancy. A small percentage of women have symptoms that persist continually until delivery.

Even a mild case of nausea can wear you down, and bouts of round-the-clock nausea and vomiting can leave you exhausted and miserable. Talk with your doctor about your symptoms and the possibilities for relief.

## FOOD CRAVINGS

Almost all pregnant women - and some fathers - have food cravings during pregnancy, particularly for unusual snacks such as peanut butter and pickles.

You may also find that you turn your nose up at dishes that you generally like. Why does it happen and, more importantly, what can you do about it? No one knows

why this happens, but generally these eating peculiarities aren't harmful if not practised to excess.

Hormones play a role in food cravings and food dislikes during pregnancy, especially in the beginning, and there is some evidence to suggest that you may crave nutrients that your body needs.

Hormonal shifts during pregnancy intensify sense of smell (which heavily influences taste) and are powerful enough to affect food choices.

## BENEFITS OF EXERCISE DURING PREGNANCY

Exercise does wonders during pregnancy. It boosts your mood, improves sleep, and reduces pregnancy aches and pains.

It prepares you for childbirth by strengthening muscles and building endurance, and makes it much easier to get back in shape after your baby's born.

Exercise is so beneficial during pregnancy that the American College of Obstetricians and Gynaecologists recommend that pregnant women exercise at least 30 minutes a day, most days of the week.

The ideal workout gets your heart pumping, keeps you limber, manages weight gain, and prepares your muscles for labour without causing undue physical stress for you or your baby. Make sure you consult your healthcare provider before embarking on a new exercise regimen.

# 1. DURING PREGNANCY (CONTINUED)

## STRETCH MARKS

Stretch marks are common during pregnancy. To prevent or manage their appearance, it is recommended that you moisturise three or four times a day and massage the moisturiser deep into your skin. The skin then becomes more supple, and is better able to stretch as it is well hydrated.

Should stretch marks appear, it is best to treat them as soon as possible. Research has focused on the early stages of stretch marks, when they are still red or purple, and most readily respond to treatment. It is crucial to apply moisturiser daily.

## FATIGUE

If you are feeling constantly tired, it might be because your growing baby requires extra energy. It could also be a sign of anaemia (low iron in the blood), which is common during pregnancy. It is recommended that you get plenty of rest (go to bed earlier and take naps) and try to keep a regular

schedule when possible. If you think you may have anaemia you can ask your healthcare provider to test your blood.

Consult your doctor before taking any nutritional supplements.

## INCLUDE YOUR PARTNER

Due to the fact that dads are not physically involved in the first nine months of their baby's development and growth, they sometimes feel distant and battle to come to terms with the reality of pregnancy.

### Some reality boosters for the dad can be experiences such as:

- hearing the baby's heartbeat;
- seeing the baby on the ultrasound;
- feeling the baby move

As your pregnancy progresses, share your thoughts and feelings with your partner, and include him in the important milestones or activities throughout your pregnancy, such as doctor's visits or antenatal classes.

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## 2. HOW YOUR BABY GROWS IN YOUR WOMB

### FIRST TRIMESTER (WEEK 1-12)

After conception, your baby grows quickly. At first your baby is described as an embryo, consisting of two layers of cells from which all your baby's organs and body parts will develop. Soon the foetus is about the size of a kidney bean and constantly moving. Your baby's heart is beating quickly and its intestines are forming. Your baby's earlobes, eyelids, mouth, and nose are also taking shape.

### SECOND TRIMESTER (WEEK 13-28)

In the beginning of the second trimester, your baby is about nine centimetres long and weighs about 43 grams. Your baby's tiny, unique fingerprints have now been formed. As the weeks go by, your baby's skeleton starts to harden from rubbery

cartilage to bone and the baby develops the ability to hear. You are likely to feel your baby's kicks and flutters soon, if you have not felt them already.

### THIRD TRIMESTER (WEEK 29-40)

When you enter your third trimester, your baby weighs about one kilogram. Your baby can blink its eyes, which now also have lashes. Your baby's wrinkled skin is starting to smooth out as it puts on baby fat. Your baby is developing fingernails, toenails, real hair and billions of neurons are forming in his or her brain by this stage. Your baby will spend its final weeks in utero putting on weight. At full term, the average baby is more than 48 centimetres long and weighs nearly 3.2 kilograms.

# 3. ULTRASOUND IN PREGNANCY

## WHAT IS AN ULTRASOUND?

An ultrasound is done with the assistance of a machine that creates an image of the inside of your body. It provides an indication of what your baby looks like while still inside your womb (uterus).

### A pregnancy ultrasound may be done in the first trimester to:

- Confirm a normal pregnancy
- Determine the baby's age
- Identify possible problems, such as ectopic pregnancies or the possibility of a miscarriage
- Determine the baby's heart rate
- Identify multiple pregnancies (for example twins, triplets, etc.)
- Identify problems of the placenta, uterus, cervix, and ovaries

### A pregnancy ultrasound may also be done in the second and third trimesters to:

- Determine the baby's age, growth, position, and sometimes gender
- Identify any developmental problems
- Identify multiple pregnancies (twins, triplets, etc.)
- Look at the placenta, amniotic fluid, and pelvis
- Detect possible birth defects

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# 4. ANTENATAL CARE

## WHAT IS ANTENATAL CARE?

**Prenatal care** (also known as antenatal care) refers to the regular medical and nursing care recommended to women during **pregnancy**.

Prenatal care is essentially **preventative care**, which involves regular check-ups that will assist doctors or midwives to prevent and treat potential health problems during pregnancy while promoting healthy lifestyles that benefit both mother and child.

### Prenatal care generally includes:

- Monthly visits to the doctors during the first two trimesters (from week 1-28)
- Fortnightly visits to doctor from 28th week to 36th week of pregnancy
- Weekly visits to doctor after 36th week until delivery (delivery at week 38-40)

## ANTENATAL CLASSES

If you are pregnant, you are most likely concerned about the labour and delivery of your baby.

Antenatal classes will inform and educate the new mom and dad to empower them with knowledge. New parents will be taught everything there is to know about childbirth, what they can expect, and what medical procedures may be necessary during the birth, including C-sections, epidurals and episiotomies.

During the classes, you will be shown images as well as real videos of the actual birthing process. The classes will provide insight into the types of pain relief medications that are available and breathing techniques that will help bring relief during labour.

The classes will also provide advice on childcare, the dos and don'ts, and provide a supportive environment to share concerns with other expectant parents.



# 5. PREPARING FOR BIRTH

## BIRTH PLAN

A birth plan is a valuable document outlining exactly how you would like to experience birth. It can include as much or as little detail as you wish, but the essential sections cover the type of birth, preferred method of pain relief and post-partum procedure.

Childbirth is such an emotional event and there are many factors to consider. A birth plan provides a written reference

for both you and your healthcare team. The plan also helps you to identify issues, which may be worrying you, such as when you will be allowed to hold your baby or if you are concerned about taking a certain type of pain medication.

It is vital that your gynaecologist, doctor or midwife fully supports your birth plan, so prepare the document several weeks or months in advance, if possible, and discuss the details with your healthcare team well before your expected due date.

**Use this easy, fill-in-the-blanks birth plan to prepare yourself for delivery and communicate your wants and needs to your medical team.**

Full name: \_\_\_\_\_

Partner's name: \_\_\_\_\_

Date: \_\_\_\_\_

Due/induction date: \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Hospital name: \_\_\_\_\_

### PLEASE NOTE THAT I:

- Have group B strep
- Am Rh incompatible with my baby
- Have gestational diabetes

### MY DELIVERY IS PLANNED AS:

- Vaginal
- C-section
- Water birth
- VBAC

### I'D LIKE:

- Partner
- Other children
- Other
- Parents
- Doula

**present before AND/OR during labour.**

### DURING LABOUR I'D LIKE:

- |   |  |
|---|--|
| <input type="checkbox"/> Music played (which I will provide)                | <input type="checkbox"/> To wear my contact lenses the entire time       |
| <input type="checkbox"/> The lights dimmed                                  | <input type="checkbox"/> My partner to film and/or take pictures         |
| <input type="checkbox"/> The room as quiet as possible                      | <input type="checkbox"/> My partner to be present the entire time        |
| <input type="checkbox"/> As few interruptions as possible                   | <input type="checkbox"/> To stay hydrated with clear liquids & ice chips |
| <input type="checkbox"/> As few vaginal exams as possible                   | <input type="checkbox"/> To eat and drink as approved by my doctor       |
| <input type="checkbox"/> Hospital staff limited to my own doctor and nurses | <input type="checkbox"/> No students, residents or interns present       |
| <input type="checkbox"/> To wear my own clothes                             |  |

### I'D LIKE TO SPEND THE FIRST STAGE OF LABOUR:

- Standing up
- Lying down
- Walking around
- In the shower
  
- In the bathtub

### I'M NOT INTERESTED IN:

- An enema
- Shaving of my pubic area
- A urinary catheter
- An IV, unless I'm dehydrated (and a heparin or saline lock IS/IS NOT okay)

### I'D LIKE FOETAL MONITORING TO BE:

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Continuous   | <input type="checkbox"/> External                                 |
| <input type="checkbox"/> Intermittent | <input type="checkbox"/> Performed only by Doppler                |
| <input type="checkbox"/> Internal     | <input type="checkbox"/> Performed only if my baby is in distress |

### I'D LIKE LABOUR AUGMENTATION:

- |  |   |
|--|---|
| <input type="checkbox"/> Performed only if my baby is in distress                      | <input type="checkbox"/> Performed with Pitocin                                 |
| <input type="checkbox"/> First attempted by natural methods such as nipple stimulation | <input type="checkbox"/> Performed by rupture of the membrane                   |
| <input type="checkbox"/> Performed by membrane stripping                               | <input type="checkbox"/> Never to include an artificial rupture of the membrane |
| <input type="checkbox"/> Performed with prostaglandin gel                              |   |

### FOR PAIN RELIEF I'D LIKE TO USE:

- |   |  |
|---|--|
| <input type="checkbox"/> Acupressure          | <input type="checkbox"/> Meditation                        |
| <input type="checkbox"/> Acupuncture          | <input type="checkbox"/> Reflexology                       |
| <input type="checkbox"/> Breathing techniques | <input type="checkbox"/> Standard epidural                 |
| <input type="checkbox"/> Cold therapy         | <input type="checkbox"/> TENS                              |
| <input type="checkbox"/> Demerol              | <input type="checkbox"/> Walking epidural                  |
| <input type="checkbox"/> Distraction          | <input type="checkbox"/> Nothing                           |
| <input type="checkbox"/> Hot therapy          | <input type="checkbox"/> Only what I request at the time   |
| <input type="checkbox"/> Hypnosis             | <input type="checkbox"/> Whatever is suggested at the time |
| <input type="checkbox"/> Massage              |  |

### DURING DELIVERY I'D LIKE TO:

- |   |  |
|---|--|
| <input type="checkbox"/> Squat                    | <input type="checkbox"/> Use people for leg support  |
| <input type="checkbox"/> Semi recline             | <input type="checkbox"/> Use foot pedals for support |
| <input type="checkbox"/> Lie on my side           | <input type="checkbox"/> Use birth bar for support   |
| <input type="checkbox"/> Be on my hands and knees | <input type="checkbox"/> Use a birthing stool        |
| <input type="checkbox"/> Stand                    | <input type="checkbox"/> Be in a birthing tub        |
| <input type="checkbox"/> Lean on my partner       | <input type="checkbox"/> Be in the shower            |

### I WILL BRING A:

Birthing stool

Squatting bar

Birthing chair

Birthing tub

### AS MY BABY IS DELIVERED, I WOULD LIKE TO:

Push spontaneously

Avoid forceps usage

Push as directed

Avoid vacuum extraction

Push without time limits, as long as the baby and I are not at risk

Use whatever methods my doctor deems necessary

Use a mirror to see the baby crown

Help catch the baby

Touch the head as it crowns

Let my partner catch the baby

Let the epidural wear off while pushing

Let my partner suction the baby

Have a full dose of epidural

### I WOULD LIKE AN EPISIOTOMY:

Used only after perineal massage, warm compresses and positioning

Performed as my doctor deems necessary

Rather than risk a tear

Performed with local anaesthesia

Not performed, even if it means risking a tear

Performed by pressure, without local anaesthesia

Performed only as a last resort

Followed by local anaesthesia for the repair

### IMMEDIATELY AFTER DELIVERY, I WOULD LIKE:

My partner to cut the umbilical cord

To deliver the placenta spontaneously without assistance

The umbilical cord to be cut only after it stops pulsating

To see the placenta before it is discarded

To bank the cord blood

Not to be given Pitocin/Oxytocin

To donate the cord blood

**IF A C-SECTION IS NECESSARY, I WOULD LIKE:**

- A second opinion
- My hands left free so that I can touch the baby
- To make sure all other options have been exhausted
- The surgery explained as it happens
- To stay conscious
- An epidural for anaesthesia
- My partner to remain with me the entire time
- My partner to hold my baby as soon as possible
- The screen lowered so that I can watch my baby come out

**I WOULD LIKE TO HOLD MY BABY:**

- Immediately after delivery
- After suctioning
- After weighing
- After being wiped clean and swaddled
- Before eye drops/ointment are given

**I WOULD LIKE TO BREASTFEED:**

- As soon as possible after delivery
- Before eye drops/ointment are given
- Later
- Never

**I WOULD LIKE MY FAMILY MEMBERS:**

**Names:**

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- To join me and my baby immediately after delivery
- Only to see my baby in the nursery
- To join me and my baby in the room later
- To have unlimited visiting after birth

**I WOULD LIKE MY BABY'S MEDICAL EXAM AND PROCEDURES:**

- Given in my presence
- Given only after we've bonded
- Given in my partner's presence
- To include a heel stick for screening tests beyond the PKU
- To include a hearing screening test
- To include a hepatitis B vaccine

**PLEASE DON'T GIVE MY BABY:**

- Vitamin K
- Antibiotic eye treatment
- Sugar water
- Formula
- A pacifier

**I'D LIKE MY BABY'S FIRST BATH GIVEN:**

- In my presence
- In my partner's presence
- By me
- By my partner

**I'D LIKE TO FEED MY BABY:**

- Only with breast milk
- Only with formula
- On demand
- On schedule
- With the help of a lactation specialist

**I'D LIKE MY BABY TO STAY IN MY ROOM:**

- All the time
- During the day
- Only when I'm awake
- Only for feeding
- Only when I request

**I'D LIKE MY PARTNER:**

- To have unlimited visiting
- To sleep in my room

**IF WE HAVE A BOY, A CIRCUMCISION SHOULD:**

- Be performed
- Not be performed
- Be performed later
- Be performed with anaesthesia
- Be performed in the presence of me and/or my partner

**AS NEEDED POST-DELIVERY, PLEASE GIVE ME:**

- Extra-strength acetaminophen
- Percoset
- Stool softener
- Laxative

**AFTER BIRTH, I'D LIKE TO STAY IN THE HOSPITAL:**

- As long as possible
- As briefly as possible

**IF MY BABY IS NOT WELL, I'D LIKE:**

- My partner and I to accompany him or her to the Neonatal ICU or other facility
- To breastfeed or provide pumped breast milk
- To hold him or her whenever possible

**NOTES:**

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## WHAT TO PACK IN YOUR HOSPITAL BAG:

Now is the time to gather together all the essentials you will need during labour and birth and after your baby is born.

Even if you are not planning a hospital birth, you may need to go to hospital unexpectedly, so try to have a bag packed by the time you are about 36 weeks pregnant.

Be sure to ask your hospital what will be provided by them in the maternity ward.

## WHAT TO TAKE:

### For labour:

- Your birth plan
- Dressing gown
- Slippers
- Socks
- An old nightdress or T-shirt to wear in labour
- Massage oils or lotions
- Lip balm
- Snacks and drinks or glucose tablets
- Relaxation materials: books, magazines, etc.
- A hairband (if you have long hair, you may want it tied up)
- Pillows
- TENS pain relief machine, if you are planning to use one
- Toiletries
- Music to listen to

### For after your baby is born:

- Comfortable going-home outfit
- Breastfeeding bras
- Breast pads
- Maternity pads
- Nightdress or pyjamas (button-up preferably if breastfeeding)
- Toiletries (towels, hairbrush, toothbrush and toothpaste)
- Nipple cream (if breastfeeding)
- Old or cheap full panties/disposable panties
- Ear plugs (in case you end up in a noisy ward)
- Copy of both parents' ID documents and marriage certificate (if relevant) for birth registration with Home Affairs. (Check with your hospital if this service is offered)

## WHAT TO TAKE (CONTINUED):

### For your baby:

- |  |  |
|--|--|
| <input type="checkbox"/> Infant car seat   | <input type="checkbox"/> Three pairs of socks or booties |
| <input type="checkbox"/> One outfit for the trip home (all-in-one stretchy outfits with front poppers are best)  | <input type="checkbox"/> Two hats                        |
| <input type="checkbox"/> Two receiving baby blankets and two warm fleece baby blankets   | <input type="checkbox"/> Jacket for winter babies        |
| <input type="checkbox"/> Disposable nappies (10 per day)   | <input type="checkbox"/> Baby bath towel and facecloth   |
| <input type="checkbox"/> Two baby grows (with front poppers) per day (include vests for winter babies)   |  |
| <input type="checkbox"/> Toiletries for baby (surgical spirits, cotton pads, barrier cream, baby wipes, baby shampoo, body wash, baby lotion, baby safety nail clippers/emery board) |  |
- 

### For the birth spouse:

- |  |   |
|--|---|
| <input type="checkbox"/> Comfortable shoes (you might be pacing the corridors) | <input type="checkbox"/> Digital camera (check with the hospital first) |
| <input type="checkbox"/> A change of clothes, toothbrush and deodorant         | <input type="checkbox"/> Address book and cell phone                    |
| <input type="checkbox"/> A watch with a second hand (to time contractions)     | <input type="checkbox"/> Snacks and drinks                              |

## NOTES:

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# 6. MOM AND BABY SHOPPING LISTS

## Mom and baby health

Pregnancy supplements

Baby remedies

Antenatal creams

Cotton buds and balls

Teething and tissue salts

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## Mom's essentials

Maternity underwear

Nipple creams

Nursing bras

Vitamin E

Nursing pads

Tissue oil

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## Baby bathing and changing

Hooded towels

Petroleum jelly

Face cloths

Bum cream/nappy rash cream

Bath toys

Baby oil

Cotton pads

Wet wipes

Baby shampoo

Disposable nappies

Baby wash

Nappy bags

Aqueous cream/lotion

Changing mat

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## Feeding accessories

Feeding utensils

Sippy cups

Feeding bowls

## 6. MOM AND BABY SHOPPING LISTS (continued)

### Feeding

- |  |  |
|--|--|
| <input type="checkbox"/> Breast pump           | <input type="checkbox"/> Bibs              |
| <input type="checkbox"/> Feeding bottles       | <input type="checkbox"/> Baby formula      |
| <input type="checkbox"/> Teats                 | <input type="checkbox"/> Organic foods     |
| <input type="checkbox"/> Soothers              | <input type="checkbox"/> Baby juice        |
| <input type="checkbox"/> Bottle and teat brush | <input type="checkbox"/> Teething biscuits |
| <input type="checkbox"/> Sterilising equipment | <input type="checkbox"/> Food feeder       |
- 

### Baby essentials

- |   |  |
|---|--|
| <input type="checkbox"/> 2 x receiving blankets | <input type="checkbox"/> Swaddle wrap      |
| <input type="checkbox"/> 2 x fleece blankets    | <input type="checkbox"/> Security blankets |
| <input type="checkbox"/> Thermometer            | <input type="checkbox"/> Sleeping bags     |
| <input type="checkbox"/> Burping towels         | <input type="checkbox"/> Cellular blankets |
| <input type="checkbox"/> Grooming set           | <input type="checkbox"/> Plush toys        |
| <input type="checkbox"/> Wedge                  | <input type="checkbox"/> Photo frames      |

## 7. POSTNATAL (AFTER BIRTH) CARE

The period following the birth of your baby is known as the postnatal period.

Should you require regular assistance and support, midwives can care for you and your baby until the baby is 28 days old.

The puerperium (the period beginning immediately after the birth of a child and extending for about six weeks) covers the six-week period following birth, during which time the various changes that occurred during pregnancy revert to the non-pregnant state.

Immediately after giving birth, and thereafter you will be checked to confirm that your body is going through the correct changes and that you have not suffered any complications. Once you go home from the hospital it is important to take care of yourself.

Any symptoms of infections or complications should be discussed with your doctor or midwife. You will have a postpartum midwife or doctor's appointment between six and eight weeks after giving birth.

Your body is still going through tremendous changes, and it is usual to feel tired. Sleep while your baby sleeps, and make sure you are getting enough to eat and drink.

Getting plenty of fluids is essential for healing and to assist your body in producing sufficient breast milk.

Having a bowel movement may be painful for a few days after childbirth. A careful diet with plenty of fibre will help to keep your bowel movements regular. You may be given stool softeners to take at home. Some women may experience faecal incontinence, which involves difficulties in controlling the bowels. Pelvic floor exercises will assist greatly with overcoming this complication.

Baby blues are a normal hormonal reaction. A few days after giving birth, you may feel very emotional and sad. If this continues for a long time, or if you feel unable to care for your baby, ask for help and contact your doctor.

Exercise can help you heal and get your energy to return, but you need to take it easy initially. Talk to your doctor or midwife about appropriate activity levels.

### YOUR SIX-WEEK POSTNATAL CHECK UP

You should have your postnatal check about six weeks after your baby's birth to make sure that you feel well and are recovering properly.

Your doctor or midwife will want to see you four to six weeks after you give birth to check on your physical recovery from pregnancy and delivery, see how you're doing emotionally, and address your needs going forward. This is also a good opportunity to ask any questions and sort out any problems you may have. You may want to make a list of questions to take along with you so that you don't forget what you want to ask.

# 8. YOUR LITTLE BUNDLE OF JOY HAS ARRIVED

## Baby growth and development milestones

AGE	GROSS MOTOR SKILLS	FINE MOVEMENT
<b>4-6 weeks</b>	<ul style="list-style-type: none"> <li>• Motor reflex.</li> <li>• Grasp reflex.</li> <li>• Hands closed, thumb in.</li> <li>• Pull to sitting, head lagging.</li> <li>• Walking reflex.</li> <li>• Fontanelles (soft spots) still open.</li> <li>• Hips - check stability.</li> <li>• Testes circulation.</li> </ul>	<ul style="list-style-type: none"> <li>• Watches nearby faces.</li> <li>• Closes eyes to bright light.</li> </ul>
<b>3 months</b>	<ul style="list-style-type: none"> <li>• Holds head up.</li> <li>• Kicks.</li> <li>• Holds objects.</li> <li>• Reflexes disappearing.</li> </ul>	<ul style="list-style-type: none"> <li>• Follows objects from side to side.</li> <li>• Defensive blink.</li> <li>• Hands loosely open.</li> </ul>
<b>6 months</b>	<ul style="list-style-type: none"> <li>• Sits supported.</li> <li>• Turns head from side to side.</li> <li>• Rolls over, prone to supine (lie facing upwards).</li> <li>• Transfers objects in hands.</li> <li>• Pushes on extended arms.</li> <li>• Enjoys bouncing on feet.</li> </ul>	<ul style="list-style-type: none"> <li>• Purposeful grasps.</li> <li>• Fixates on interesting objects.</li> <li>• Stretches out to grasp.</li> <li>• Forgets toys out of sight.</li> <li>• Starts to hold bottle.</li> <li>• Squints should have disappeared.</li> </ul>
<b>9 months</b>	<ul style="list-style-type: none"> <li>• Sits unaided.</li> <li>• Pivots while sitting.</li> <li>• Tries to crawl.</li> <li>• Starts to pull up on furniture.</li> <li>• Holds two objects simultaneously.</li> </ul>	<ul style="list-style-type: none"> <li>• Loose thumb grasp.</li> <li>• Transfers objects from hand to hand.</li> <li>• Pokes with index finger.</li> <li>• Looks for toys that fall.</li> <li>• Watches activities of others.</li> </ul>
<b>12 months</b>	<ul style="list-style-type: none"> <li>• Rises from lying to sitting position.</li> <li>• Pulls to stand.</li> <li>• Lets self down.</li> <li>• Sidesteps around furniture.</li> <li>• Crawls rapidly.</li> <li>• Walks holding a hand.</li> </ul>	<ul style="list-style-type: none"> <li>• Precise thumb grasp.</li> <li>• Throws toys deliberately.</li> <li>• Points.</li> <li>• Hand preference may be apparent.</li> <li>• Clicks two blocks together.</li> </ul>
<b>18 months</b>	<ul style="list-style-type: none"> <li>• Walks alone.</li> <li>• Walks up stairs, holding with one hand down stairs and backwards.</li> <li>• Runs.</li> <li>• Pushes and pulls wheeled toys.</li> <li>• Picks up toys without falling.</li> </ul>	<ul style="list-style-type: none"> <li>• Builds a tower of three blocks.</li> <li>• Enjoys simple books.</li> <li>• Often recognises pictures.</li> <li>• Turns two or three pages at a time.</li> <li>• Points to interesting things in the distance.</li> </ul>

SPEECH & HEARING	SOCIAL SKILLS
<ul style="list-style-type: none"> <li>• Soft noises.</li> </ul>	<ul style="list-style-type: none"> <li>• Smiles at mother.</li> </ul>
<ul style="list-style-type: none"> <li>• Smiling.</li> <li>• Recognises mother's voice.</li> <li>• Turns towards sound.</li> <li>• Babbles.</li> </ul>	<ul style="list-style-type: none"> <li>• Reacts to familiar situations.</li> <li>• Responds with pleasure to friendly approach.</li> </ul>
<ul style="list-style-type: none"> <li>• Responds to mother's voice immediately.</li> <li>• Responds to mother's different emotions.</li> <li>• Imitates sound.</li> </ul>	<ul style="list-style-type: none"> <li>• All toys to mouth.</li> <li>• Still friendly with strangers.</li> <li>• Deliberate shaking of rattle.</li> </ul>
<ul style="list-style-type: none"> <li>• Shouts for attention.</li> <li>• Listens.</li> <li>• Babbles in long string of syllables.</li> </ul>	<ul style="list-style-type: none"> <li>• Holds, bites and chews.</li> <li>• Tries to grasp spoon when feeding.</li> <li>• Stiffens with resistance.</li> <li>• Plays "peekaboo".</li> </ul>
<ul style="list-style-type: none"> <li>• Knows own name.</li> <li>• Understands some words.</li> <li>• May hand objects on request.</li> <li>• Uses syllables to communicate.</li> </ul>	<ul style="list-style-type: none"> <li>• Drinks from cup.</li> <li>• Holds spoon.</li> </ul>
<ul style="list-style-type: none"> <li>• 6 – 20 words recognisable.</li> <li>• Understands many more.</li> <li>• Enjoys nursery rhymes.</li> <li>• Points to parts of the body.</li> </ul>	<ul style="list-style-type: none"> <li>• Holds cup with both hands.</li> <li>• Drinks without spilling.</li> <li>• Uses spoon properly.</li> <li>• Takes off shoes and socks.</li> <li>• Indicates need for toilet.</li> <li>• Explores environment.</li> <li>• No longer takes toys to mouth.</li> <li>• Plays alone contentedly.</li> <li>• Varies between clinging and resistant behaviour.</li> </ul>

# 9. CHILDHOOD VACCINATION SCHEDULE

Ref. EPI Vaccine Guidelines April 2009

AGE OF CHILD	VACCINE NEEDED	HOW AND WHERE IS IT GIVEN?
<b>At birth</b>	OPV(0) Oral Polio Vaccine	Drops by mouth
	BCG Bacillus Calmette Guerin	Intradermally / Right arm
<b>6 weeks</b>	OPV(1) Oral Polio Vaccine	Drops by mouth
	RV (1) Rotavirus Vaccine	Liquid by mouth
	DTaP-IPV-Hib-HepB (1) Diphtheria-Tetanus-Acellular Pertussis-injectable Polio-Haemophilus Influenzae b-hepatitis B Vaccine	Intramuscularly / Left thigh
	PCV(1) Pneumococcal Conjugated Vaccine	Intramuscularly / Right thigh
<b>10 weeks</b>	DTaP-IPV-Hib-HepB (2) Diphtheria-Tetanus-Acellular Pertussis-injectable Polio-Haemophilus Influenzae b-hepatitis B Vaccine	Intramuscularly / Left thigh
<b>14 weeks</b>	RV (2) Rotavirus Vaccine	Liquid by mouth
	DTaP-IPV-Hib-HepB (3) Diphtheria-Tetanus-Acellular Pertussis-injectable Polio-Haemophilus Influenzae b-hepatitis B Vaccine	Intramuscularly / Left thigh
	PCV(2) Pneumococcal Conjugated Vaccine	Intramuscularly / Right thigh
<b>6 months</b>	Measles Vaccine (1)	Intramuscularly / Left thigh
<b>9 months</b>	PCV(3) Pneumococcal Conjugated Vaccine	Intramuscularly / Right thigh
<b>12 months</b>	Measles Vaccine (2)	Intramuscularly / Left thigh
<b>18 months</b>	DTaP-IPV-Hib-HepB (4) Diphtheria-Tetanus-Acellular Pertussis-injectable Polio-Haemophilus Influenzae b-hepatitis B Vaccine	Intramuscularly / Left arm
<b>6 years</b>	Td (1) Vaccine Tetanus & reduced amount of Diphtheria Vaccine	Intramuscularly / Left arm
<b>9 years</b>	HPV (1) HPV (2) Human Papilloma Virus Vaccine (2 doses 6 months apart)	Upper arm/thigh Intramuscularly
<b>12 years</b>	Td (2) Vaccine Tetanus & reduced amount of Diphtheria Vaccine	Intramuscularly / Left arm

- Do not administer any dose of Rotavirus to a child who is older than 24 weeks.
- The first dose of the Rotavirus Vaccine can now be given to children older than 12 weeks but younger than 20 weeks.



## 10. OMSMAF: NETWORK AND NETWORK SELECT

Childhood vaccinations are not funded on the Network and Network SELECT options. Please contact your nearest Department of Health Primary Care clinic, to arrange your baby's vaccinations.

Do you need some help and advice on the various issues that new parents face?

**PAED-IQ's Babyline** - a 24/7, paediatric Telephone service, is available for parents or caregivers of children from birth to three years of age, to phone in for up to date healthcare advice and reassurance.

Call 0860 666 111







# CONTACT DETAILS OLD MUTUAL STAFF MEDICAL AID FUND

Tel: 086 000 7769 or 011 208 1021

Fax: 086 464 7808

E-mail: [omstaffenquiries@universal.co.za](mailto:omstaffenquiries@universal.co.za)

Website: [www.universal.co.za](http://www.universal.co.za)

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