Anaemia During Pregnancy
How Dangerous Is It?

Developmental Landmarks
Child's Growth From 0-3

Also:
Infant Colic
Setting Baby’s Routine

WARDINA SAFFIYAH
Mom on TV
Introducing new Friso Gold’s hygiene pack! You won’t have to dip into the milk powder for the scoop, to prevent contamination. Plus we’ve added a handy level bar so you can be sure of a perfect scoop for tasty and nutritious milk. With Friso Gold, your kids get good nutrition, every time.

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The best thing is... everything is 100% free of charge!!

www.baiboo.com.my
September - October 2008

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Check page 39 for details.

Note from the Editor

Taking care of and raising your baby and, before that, pregnancy, is something that a husband and wife should go through together. It is about sharing the fun and excitement, but also in supporting each other through this life-changing phase.

A parent only gets to raise his and her child once; so embrace the unique chance to nurture, shape and educate your baby into a new loving and good person and do it together. Children need to be loved, taken care of and educated by both mother and father. Both have valuable lessons to teach and children look at both parents for the all important love and attention. Every minute invested in loving and caring for your child is welcomed as a contribution to building a wonderful and good new person.

In this issue we talk to Wardina Saffiyah, actress, model and one of the well-known faces of TV3’s “Malaysia, Hari Ini”. This talented mother of 2 is expecting her third! She tells us about her pregnancies and the bringing up of her children.

We also look into practical parenting tips and our resident psychologist gives insights into key developmental landmarks for your child.

For the first time, you will find a new section “Mother 2 Mother”. In this issue, “Mother 2 Mother” is for great home recipes sent in by enthusiastic readers. In upcoming issues we will also focus on home remedies and parenting tips and tricks. You can contribute by emailing to important@baiboo.com.my.

We wish our Muslim readers Selamat Menyambut Bulan Ramadhan Al-Mubarak and Selamat Hari Raya Aidil Fitri, and our Hindu readers a Happy Deepavali!

The BaiBoo Team

P.S. Send us your suggestions for BaiBoo Magazine and you stand a chance of winning a Eucerin hamper worth RM 200!

BaiBoo, Malaysia’s Young Family Network, is here to help you be the best parent you can be. We also help you to save time and money. Our mission is to provide you with information, tools, gifts and discounts to assist you in the daily challenges of a young parent.

The best thing is… everything is 100% free of charge.

Of course, our information website, www.baiboo.com.my is open to everyone. Check out the expert blogs, where you can seek advice from our expert on parenting, Malay and Chinese confinement and nutrition, everything you need to know. BaiBoo Magazine is out every 2 months and you can collect your copy at any Guardian store, throughout Peninsular Malaysia. Furthermore you will find reading copies at over 1,300 hospitals and clinics. Let’s talk about sharing the fun and excitement, but also in supporting each other through this life-changing phase.

Are you pregnant? Then you can sign up for free BaiBoo gifts. You will receive your own BaiBoo Benefits Card and also the Mummy’s Tummy Box, with products, information and coupons. To register: simply go to our website, www.baiboo.com.my, or pick up a registration form in any Guardian store!

We would like to hear from you, your experience as a parent, and your suggestions for BaiBoo to serve you better.
You can email to important@baiboo.com.my or contact us at 03-2300 1618.
Beautiful Babies

To send us your picture, go to the Photo Gallery at www.baiboo.com.my

Find 5 new BaiBoo members and get a hamper, worth RM50!!!

The BaiBoo membership is only for pregnant women and is totally FREE OF CHARGE.

Now you can help us grow the BaiBoo family and you’ll be generously rewarded! You will receive a Friso hamper, worth RM 50, when you send us the registrations of 5 new BaiBoo members. The best thing: you’ll be doing your friends a favor at the same time!

Are any of your friends pregnant?
Here are 3 reasons to become a BaiBoo member:
1. Get your own BaiBoo Benefits Card with discounts and benefits!
2. Get online newsletters with pregnancy and parenting information and tips!
3. Get your Mummy’s Tummy Box with products and information!

Important!
1. Only pregnant women, living in Malaysia can become a BaiBoo member.
2. If you’re pregnant, you may include yourself as one of the 5 new BaiBoo members.
3. Make sure to include your name and contact details, including hand phone number and email.
4. Send in 5 completed registration forms to BaiBoo Sdn Bhd, 54-2, Jalan 27/70A, Desa Sri Hartamas, 50480 Kuala Lumpur

Terms & Conditions:
1. Photo copies of the registration form are allowed.
2. BaiBoo Sdn Bhd will only accept sets of 5 registration forms as well as multiples of 5.
3. All necessary details need to be provided and need to be correct.
4. Candidate members must be pregnant at the time of registration and who live in Malaysia.
5. Only new registrations will be accepted.
6. Only women who are eligible to receive the reward will be notified by telephone and/or email and will be invited to collect the hamper from the BaiBoo office (Klang Valley) or regional collection centres.
7. BaiBoo Sdn Bhd reserves the right to stop this recruitment drive without prior notice.
8. Rewards are not exchangeable for cash.
9. The reward and the contents of the hamper may be changed without prior notice.
My little one refuses to eat any fruits! After much trial and error, I finally found a way to “hide” the fruits by blending it all up. The whipped cream (in moderation) sweetens the mixture and my son was instantly hooked! I added chopped kiwi for the additional Vitamin C boost.

Kavita M
Johor Bahru

Recipes

Creamy Bananas With Kiwi
2 bananas
1/2 cup of whipped cream
1 kiwi fruit

Blend bananas and whipped cream till smooth. Chop kiwi into small pieces and toss into the creamy mixture. My little one refuses to eat any fruits! After much trial and error, I finally found a way to “hide” the fruits by blending it all up. The whipped cream (in moderation) sweetens the mixture and my son was instantly hooked! I added chopped kiwi for the additional Vitamin C boost.

Kavita M
Johor Bahru

Cheesy Chicken Fusili With Scrambled Egg
1 hard boiled egg
cheddar cheese
slices of chicken breast
thinnily sliced button mushroom
1 cup of fusilli
1/2 cup of white mushroom sauce
1/2 cup of milk

Scramble the hard boiled egg and add the cheddar cheese. Pan fry chicken meat and mushroom and slice into bite-size pieces. Put fusili (or any other pasta of choice) to boil. Pre-heat white mushroom sauce and add the rest into the mixture to serve.

My 4 and 6 year old children love this recipe, and best of all, it is easy and quick to prepare. Sometimes I mix and match the ingredients, choosing carrots over mushrooms, or even substituting chicken with fish slices.

Alice Tan
Puchong, Selangor.

Steamed Veggie Mix
broccoli
mushroom
carrot
potato

Gravy for mashed potato: Add a little chicken stock to boiling water and thicken with corn flour. Add salt and pepper to taste.

I was looking for ideas to gradually move my child onto taking solids and this recipe has worked for me. The mashed potatoes are really soft, and the steamed vegetables provide a little crunch factor.

Very easy to prepare and highly nutritious at the same time!

May Yen
Penang

For the next issue, we would like to feature “Play Ideas” for your little ones. Do send us fun ideas which your children have enjoyed, accompanied by a short personal story about it. Drop us an email to service@baiboo.com.my

Recipes

Peanut Butter Playdough
1/2 cup of peanut butter
1/2 cup of honey
1/2 cup of powdered milk

Knead and roll all ingredients into a dough. Encourage children to play creatively by making shapes. Optional raisins or chocolate chips can be given to them for decorations. Safe and delicious enough to eat!

Travelled to Perth last Christmas to visit my sister and her family, and my three-year old daughter had so much fun with this recipe created by my sister, spending hours creating all sorts of interesting shapes with her toddler cousins. Best of all, they just gobbled everything up in the end!

Zarina Anfin
Damansara Utama

Steamed Rice Quashry

150 gm green beans
- skinned and soaked for 4 hrs (optional)
1,425 ml water
125 ml evaporated milk
1 kg Basmati rice

Ingredients A
3 cloves
5 cardamoms
1 star anise
2 1/2 cm cinnamon stick
1/4 tsp pepper

Ingredients B
10 shallots
3 garlic, julienne or sliced thinly
3 cm ginger, julienne or sliced thinly

Curry Paste
2 tbsp curry powder
2 tbsp water
Mix together and set aside for 4 hrs

Seasoning
2 chicken cubes
1 1/4 tsp salt

Garnishing
spring onions, chillies, fried onions
Haemoglobin is the blood pigment that transports oxygen from the lungs to the tissues throughout the body.

Anaemia, a common medical problem, is a condition where the concentration of the haemoglobin in the blood is below normal. In its milder form, many people go about their daily activities, unaware that there is anything amiss.

The truth is, anaemia is a potentially serious condition, and mothers-to-be should be aware of this. Pregnancy puts an added demand on the woman’s resources and, if these are already precarious, there is a potential for things to go seriously wrong.

Contrary to popular belief, iron deficiency is not the only cause of anaemia, though it is, admittedly, the most common. Sometimes there is a combination of deficiencies where multiple supplements are required to correct the problem. This is usually associated with eating disorders.

Many people are aware of the fact that folic acid is good for reducing the risk of neural tube defects, such as spina bifida, when taken at the right time. Not many know that folic acid is a significant player in the prevention of anaemia. It is not a substitute for iron; rather, these two "elements" play distinct but complementary roles in a lot of physiological functions, including prevention of anaemia.

Iron is also crucial in the production of a variety of critical enzymes in the body, which can be interrupted as a result of iron deficiency. As a result, various body systems may be affected. These may include the brain and nerves, muscles, the gut and the skin. Exercise tolerance drops and even the common chores that you may be used to doing without a second thought become increasingly hard to cope with. There is general and almost constant lethargy and fatigue.

Iron deficiency has no direct effect on labour as such. However, a woman who is anaemic when going into labour will tolerate badly any blood loss, an inevitable occurrence at delivery. Normally, a mother can take blood loss of up to 1000 ml (one litre) in her stride. A markedly anaemic woman may find this to be a tall order and it could create a life- and- death crisis.

There is also evidence, though not very strong, that iron deficient women are more prone to heavy bleeding at delivery (postpartum haemorrhage), the very complication they are ill-equipped to deal with.

How will a doctor treat anaemia during pregnancy?

A doctor will examine the expectant mother and prescribe any necessary treatment for anaemia such as vitamins or minerals.

Iron tablets can often cause constipation or diarrhoea and some women simply cannot take them. Side effects on the gut can be resolved by taking the iron with or after food or by starting with a low dose and gradually increasing - talk to your doctor about this.

How is anaemia treated?

By far the best "cure" for anaemia is prevention. Eat a healthy and balanced diet, and make sure you get plenty of iron-rich foods such as lean red meat, sardines, dried fruit, jacket potatoes, oysters, liver and spinach. Absorption is enhanced if your intake of vitamin C is adequate, so make sure you get plenty of ascorbic acid in your diet. Absorption is reduced by substances such as alcohol and caffeine, so avoid coffee, tea and cola drinks with food.

Other symptoms of anaemia during pregnancy also include:

- Fainting
- Exhaustion
- Weakness
- Palpitations
- Very pale complexion

The writer is practicing at the Klang Maternal & Child Health Clinic, and is involved in paediatrics & adolescent health.
No matter how strong your child’s immune system is, it is inevitable that he will fall sick from time to time, especially during the first few years of life. Here are some tips on what to do in various situations that may arise. Is it just a minor matter or should you press the panic button?

Constipation

Constipation in children is common and normally cures by itself and parents should not be too worried about it. However, if your child suffers from chronic constipation, you need to seek medical attention.

Common Causes
- An unhealthy diet with not enough fiber. E.g. cereals, grains, fruits and vegetables.
- Child doesn’t drink enough liquids including water, milk or fruit juices.
- Child is sick or is taking certain medicines.
- Weaning period.
- Child ignoring the urge to have a bowel movement

Prevention
- Breast feed your child.
- Make sure you are adding the correct amount of water during milk preparation.
- For weaning child, give an extra 60 ml of water twice a day. Instead of water, you can add 59ml to 120ml of fruit juice, such as prune, pear or apple juice, twice a day.
- For age 1 year and older, make sure your child is drinking enough fluids.
- When the weather gets hot or when your child is getting more exercise, make sure he or she is drinking more fluid.
- Add high-fiber foods.
- Feed him at least 2 servings of fruit and at least 3 servings of vegetables each day.

<table>
<thead>
<tr>
<th>Age</th>
<th>Bowel movements per week</th>
<th>Bowel movements per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 3 months</td>
<td>5 - 40</td>
<td>2.0 - 2.9</td>
</tr>
<tr>
<td>6 - 12 months</td>
<td>5 - 28</td>
<td>1.8</td>
</tr>
<tr>
<td>1 - 3 years</td>
<td>4 - 21</td>
<td>1.4</td>
</tr>
<tr>
<td>More than 3 years</td>
<td>3 - 14</td>
<td>1.0</td>
</tr>
</tbody>
</table>

Table 1: Normal frequency of bowel movements

Symptoms
- Loss of appetite.
- Child crying or screaming during bowel movements.
- Fewer than 3 bowel movements a week.
- Stools are difficult to pass.
- Hard, dry stool that is larger than normal.
- Stomach pain and bloating.
- Bright red blood passing with stools.

If these symptoms persist for two weeks or more, then your child is suffering from chronic constipation.

Treatment
There is no single medicine or proven cure for colic, but there are measures that may help. Different children are comforted in different ways, and you may need to try a few methods to see what works.

Regurgitation
Regurgitation is defined as sudden and effortless return of small volumes of gastric content into a child’s mouth. It affects about 50% of young children, with one episode daily.

Common Causes
- Happens when the valve at the top of the stomach (lower esophageal sphincter) is not fully developed and thus, cannot be closed properly. As a result, the stomach content leak back into the esophagus and this is followed by regurgitation through the mouth.

How to reduce regurgitation
- First, get rid of your fear and anxiety.
- When feeding him, don’t place him horizontally.
- Handle him with care when his stomach is full
- Give him sufficient time to burp

References

Consult your pediatrician or pharmacist for recommendation of treatments to address the common minor digestion problems in your children.

Self-help
To soothe crying children, the following techniques may be helpful:
- Carry your child in a front sling or backpack.
- Keep your child moving in a swing.
- Try to soothe your child with continuous noise or vibrations from household appliances like the dishwasher, vacuum cleaner or washer-dryer.
- Take your child for a car ride or a walk outside.
- Give your child a pacifier to suck on.
- Bathe your child - the warm water may be soothing.

References

I'm Not Feeling Well

Mommy, I'm Not Feeling Well

The following symptoms may indicate your child isn't feeling well.

Symptoms
- Bright red blood passing with stools.
- Stomach pain and bloating.
- Hard, dry stool that is larger than normal.
- Stools are difficult to pass.
- Child crying or screaming during bowel movements.
- Loss of appetite.
- Temperature - your child may be too hot or too cold.
- Pain - there may be an identifiable source of pain, like a nappy rash.

If these symptoms persist for two weeks or more, then your child is suffering from chronic constipation.

Prevention
- Please consult a paediatrician/ healthcare professional for the ideal recommendation of thickened milk formula as this has been reported to effectively reduce regurgitation in young children who suffer from it.

What can help?
- A thickened feed is less likely to be brought back and will stay in your child’s stomach.
- When feeding him, don’t place him horizontally.
- Handle him with care when his stomach is full.
- Give him sufficient time to burp.
- Position his body to lay with his head about 30° from the pelvis.
- Please consult a paediatrician/ healthcare professional for the ideal recommendation of thickened milk formula as this has been reported to effectively reduce regurgitation in young children who suffer from it.

References

I'm Not Feeling Well

Colic

One of the most difficult and frustrating experiences a new parent can have is dealing with a colicky child. It is defined as a pattern of unexplained crying in an otherwise healthy, well-fed child and is not the result of poor parenting skills. Colic usually disappears by the time a child reaches three months old, but those three months can be very trying for both the child and the parents.

Common Causes
- Constipation is one of the factors that result in colicky pain.
- Painful wind may contribute to colic.
- Child doesn’t drink enough liquids including water, milk or fruit juices.
- Child is sick or is taking certain medicines.
- Weaning period.
- Child ignoring the urge to have a bowel movement

Symptoms
- Your child may have colic if he cries excessively over several days. Although this crying can occur at any time, it usually gets worse in the late afternoon and evening. Colicky pain usually subsides or disappears by the age of 3 months in around 85% of children.

Diagnosis
You may be worried about your child’s crying and may want to get advice from your doctor to make sure there isn’t a serious problem.

Before visiting your doctor, you should think about what other things may be causing your child to cry. These could include:
- Constipation.
- Hunger.
- Tiredness.
- Lack of contact - some children want to be cuddled all the time.
- Starting - due to jerky movements or sudden noise for example.
- Temperature - your child may be too hot or too cold.
- Pain - there may be an identifiable source of pain, like a nappy rash.

Treatment
There is no single medicine or proven cure for colic, but there are measures that may help. Different children are comforted in different ways, and you may need to try a few methods to see what works.

Prevention
- Breast feed your child.
- Make sure you are adding the correct amount of water during milk preparation.
- For weaning child, give an extra 60 ml of water twice a day. Instead of water, you can add 59ml to 120ml of fruit juice, such as prune, pear or apple juice, twice a day.
- For age 1 year and older, make sure your child is drinking enough fluids.
- When the weather gets hot or when your child is getting more exercise, make sure he or she is drinking more fluid.
- Add high-fiber foods.
- Feed him at least 2 servings of fruit and at least 3 servings of vegetables each day.

References

Consult your pediatrician or pharmacist for recommendation of treatments to address the common minor digestion problems in your children.
Breathing Easy

Air pollution is a serious, though often unrecognized health problem, with children and the elderly being more vulnerable to the effects of polluted air. In recent years, the prevalence of allergic diseases such as allergic rhinitis and bronchial asthma has increased. This is particularly noticeable in urban areas where there are high levels of vehicle emissions.

Air pollutants, which contain positively charged ions, can modify and enhance the allergic response in susceptible individuals. Ions are found naturally in the air. Research has suggested that allergy-provoking substances in the air, such as dust or pollens appear to be positively charged, and according to present knowledge, these positively charged ions are detrimental to human health.

The presence of pollutants on the surface of these allergens damage the lining of the nose and lungs, and inhibit the body’s cleaning mechanisms. In this way, the allergens can penetrate into the body and promote sensitization of the airways.

The end result ranges from the inconvenience and misery of allergic reactions to serious and potentially life-threatening allergic asthma.

Negative ions are produced naturally, for example, from the action of waves at the beach. These negative ions have been found to counteract the allergenic effects of positive ions.

However not many of us are lucky enough to live by the beach, or in regions where high levels of negative ions are produced naturally, thereby the need to ensure that exposure to airborne and household allergens is reduced.

High exposure of pollutants will see a child more likely to suffer from wheezing, physician-diagnosed asthma, ear/nose/throat infections, and flu/serious colds. Studies have shown that children inhale more deeply than adolescents or adults, thereby trapping more airborne particles and pollutants. Their high metabolic rate is also higher than that of an adult and they spend more time outdoors.

Negative ions are also able to denature allergens that are surface bound, even those found in bedding. Many allergic individuals get their symptoms at night or when they first wake up – this is usually due to exposure to dust mite allergens found in their pillows, bed sheets and mattresses.

For more information visit www.medklinn.com.
In the course of my clinical work, I have compiled a series of 10 questions which are frequently asked by parents:

1) When should my child start speaking?
Children start to communicate as early as at birth by crying, and by 3 to 6 months, they begin to imitate sounds. By the age of 6 to 12 months, children start to say their first words. They will babble, laugh and coo with familiar people. By age 12 to 18 months they understand the meaning of the words, and will start engaging in conversations at age 18 to 30 months. By the time a child reaches three years old, he or she can already say up to 1000 words and is able to communicate and converse in basic lenses.

2) When should my child start walking?
Infants normally take their first independent steps during the age of 6 to 12 months. They are able to walk fairly well at 12 to 18 months and at the age 18 to 30 months they can walk up and down stairs with hand-held assistance. By age three, children are already able to jump and run about.

3) Is it considered normal if my 2 month old daughter has yet to develop the skill to turn her head naturally or grasp objects that are near her?
Healthy children are only able to turn their head (tonic neck reflex) all through the growing years, but more so during the first three years of your child’s life.

4) By training my child to use a walker, is he going to learn how to walk faster than other children, or will it disrupt his natural development for walking?
It is yet to be scientifically proven that a walker will aid a child to walk faster and be a fast runner when they grow up. Positive exposure with muscle training by using a walker will not interfere with the natural physical development of children. However it also does not guarantee that children will walk faster by using a walker compared to those who train their child to walk naturally via physical stimulation and positive encouragement. The natural development of the motor cortex in the child’s brain happens during one to six months.

5) In today’s modern and fast-paced society, is it recommended that my child be sent to a play school/nursery/Kindergarten with more emphasis on learning skills (English/Math/Computer) rather than a common nursery?
Parents are usually keen to send their children to an “advanced” nursery/Kindergarten. It some ways, such pre-schools provide training and the environment that encourage or stimulates the physical and cognitive development of children. However, be careful of advertisements by certain pre-schools or kindergartens which tend to over-sell and give false hopes. At the end of the day, a child’s emotional, social and moral developments are equally as important and should not be neglected.

6) I cannot afford to send my child to an expensive nursery/Kindergarten. Are there any natural methods to stimulate my child’s brain?
There are some natural ways that parents can adopt to stimulate their child’s brain. It is important to note that good development of one’s brain covers areas of physical, neurological, cognitive and language. A balanced and healthy nutrition is essential to stimulate the brain, in addition to training, encouragement, and practice (T.E.P concept) all through the growing years, but more so during the first three years of your child’s life.

7) My two year-old boy is very fond of wearing the “tudung”, possibly imitating the way his older sister and I put on our tudungs. He tends to yell and kick up a fuss when we try to stop him from wearing it. Will this habit make him less masculine and encourage femininity when he grows up?
Most parents differentiate gender from the beginning of their child’s life by going with blue for boy and pink for girls. Imitation of wearing a tudung does not mean that your boy will develop a feminine character when he becomes an adult, because the awareness of self-gender in your child is only developed during the age of 18 to 30 months. With your words of encouragement, explanation, and exposure of how boys should dress and when he mixes with more friends, the behaviour will decrease naturally. Harsh punishment to discourage him just creates frustration and guilt for both of you.

8) My four month-old child does not seem to appreciate it when we spend quality time together, like watching cartoons on television or me reading stories to her before bedtime. She just shows bored face or ignores us, and starts crying.
Enthusiastic parents tend to feel frustrated and annoyed when their children do not react as expected. Relax. At the age of four months, their visual ability has just reached 20-20, and most of their cognitive, language, and neurological developments are limited, let alone understanding what the parents want them to do, such as laugh, give attention or even sit still. However, with consistent training, exposure and practicing good habits will help their development later on. You may one day be surprised that your child, at the age of three, will be flipping through a book, compared to those who did not have such exposure in the early part of childhood.

9) Is it true that if we want to introduce more than one language to our children, we should teach them as early as they born?
Yes, yes and yes…there are components that play in their language and cognitive development that can differentiate the different languages spoken by parents or guardians. They might be confused at first, but keep practicing!

10) I have been sending my child to a nursery right after my confinement, and she turns three this year, but still develops anxiety and projects a ‘selfish’ character when around strangers. When this happens, she will hold me tightly or just stay on my lap and not interact with other children her age. I don’t understand why this is happening.
There are several issues which could be explored to answer this question. Firstly, development of anxiety symptoms could be inherited from biological parents, especially during pregnancy. Secondly, different styles of training, exposure and environment at the nursery may create an unpleasant feeling for children to adjust with their teachers and friends. Thirdly, parenting skills also affect the behaviour of children. Constantly introducing your child as a “shy kid” to friends and relatives will not allow the child to learn of their mistakes. However, a thorough assessment can be done professionally by seeing a psychiatrist, clinical psychologist or paediatricians.

Children grow and develop in their own unique way and at their own pace. A child’s age may act as a guide since there is a general range during which most children develop certain skills. If you think that your child is not developing as he should, discuss these concerns with your child’s physician. Your child may simply need some extra help to meet his individual needs, and your physician can help you to decide the best course of treatment.

The writer is a Consultant Clinical Psychologist at the Psychiatry Clinic, Hospital University Science Malaysia. Feel free to contact her at support@baibo.com.my.
Parents begin to treat boys and girls differently when the infant arrives. Developmental landmarks in the sensorimotor stage begin, where the infant communicates by crying and recognizes sounds heard in the womb. Basic trust is beginning to develop. Attachments form.

- Infant/ 0-6 months
  - Sense of agency and compliance are early signs of conscience.
  - Self-awareness is developing. Committed and situational fairness is emerging.
  - Handicaps continue to disappear. Motor cortex is maturing.

- Toddler/ 1-3 years
  - Depth perception develops.
  - Laterization and localization of brain functions increase.
  - Social referencing appears. An early stage of empathy is emerging.
  - Language emerges. Native language; loses ability to perceive non-native sounds.

- Preschooler/ 3-5 years
  - Number of synapses increases. Unneeded synapses are pruned.
  - Myelination of frontal lobes occurs; frontal cortex enables higher cognitive and memory functions.
  - Artwork consists of telegraphic conversations.

- Early Childhood/ 5-8 years
  - Childhood overextends and underextends word meanings.
  - Play with others is mostly physical, more verbal.
  - Many differentiating abilities emerge.

- Adolescent/ 12-18 years
  - Physical and emotional changes make adolescent behavior more difficult to understand.
  - Postural changes occur.
Throughout the world, more than one million children die each year as a result of pneumococcal disease, which is caused by the Streptococcus pneumoniae bacteria, also known as pneumococcus. Pneumococcal disease is more common in young children, and can be passed from one child to another in droplets that are released into the air by sneezing and coughing.

The disease is now preventable and countries such as USA and Canada have found that with routine pneumococcal vaccinations, public health is achieved much more cost effectively.

Pneumococcus can cause meningitis (infection of the lining of the brain or spinal cord), bacteraemia (blood infection), pneumonia (infection of the lungs), as well as otitis media (infection of the middle ear).

### Who are at high risk?
- Infants and children under 5 years of age
- Children with weak immunity
- Children attending childcare or kindergartens
- Those who have congenital heart diseases
- Those who have a history of middle ear infection
- Children exposed to second-hand cigarette smoke

### What are these illnesses?

#### Meningitis (infection of the lining of the brain or spinal cord)
Meningitis can cause serious and sometimes permanent disabilities including hearing loss, paralysis, mental retardation and even death. Symptoms of meningitis include fever, lethargy or drowsiness, vomiting and stiff neck or legs.

#### Bacteraemia (blood infection)
Bacteraemia occurs when bacteria enter the bloodstream and cause infection of the blood. It can also develop into meningitis. The symptoms of bacteraemia include fever, irritability and rapid breathing.

#### Pneumonia (infection of the lungs)
Pneumonia is one of the most common diseases caused by pneumococcus. The incubation period is short, one to three days only. Patients may experience fever, cough, production of the phlegm, shaking chills, chest congestion and shortness of breath.

#### Otitis media (infection of the middle ear)
Otitis media (infection of the middle ear) can also be caused by pneumococcus, although it can be due to other causes. The symptoms include ear-ache, fever and frequent tugging of the ear.

Pneumococcal disease is often not easily diagnosed because its symptoms may be similar to common cold. However, doctors are able to diagnose pneumococcal disease based on type of symptoms exhibited by the patient and also based on specific laboratory cultures of sputum, blood or spinal fluid.

In all countries in which pneumococcal disease has been studied, findings show that younger children have a greater chance of contracting invasive pneumococcal disease. Infants from birth to 24 months are at highest risk, due to their low levels of circulating pneumococcal antibodies. Weakened immune status, for example from sickle cell disease or HIV also greatly increases the risk of infection.

Since as many as 60 percent of pre-school children are carriers of pneumococcus, children who attend daycare are much likely to become infected due to their increased exposure to the bacteria.

Your child’s best defense is early prevention. Ask your doctor today about bacterial infections that can be prevented by vaccination, or call toll free line 1800-88-5526, from Monday to Friday (9am - 6pm) for more information on pneumococcal disease.
Full Time Mother, Part Time Everything Else

Despite having been in the entertainment industry for a long time, actress, model and host of TV3’s ‘Malaysia, Hari Ini’, Wardina Saffiyah has her heart at home - with her family. This multi-talented mother of two is currently expecting her third child. The radiance of motherhood was evident on Wardina’s face as she shares with BaiBoo her experiences of being pregnant and raising her children.

What about your 2 daughters? Can you tell us more about Amna and Azra. Do they take after you or your husband in looks, character?
W: Amna Nafeesa is 5, and her sister, Azra Sareera is 2. Both the girls look more like my husband. Amna is a very bright and active girl. My husband and I, we set a goal – to have Amna be able to read by 4, and we achieved it! We used all sorts of methods to stimulate this, from reading to her to using flash cards. Amna is currently in a six-year old class, and was just recently awarded Best English Reader and Most Creative in her class. She loves reading as well. Azra is a quieter princess. We both want our children to excel academically, but not to the extent of putting them under pressure. The key, we believe, is to stimulate and facilitate.

How do you and your husband decide on the names for your children?
W: Well, we don’t have a particular rule on how to decide on names. We haven’t yet decided on a name for the third one! But Amna’s name is derived from ‘aman’ meaning peace, and Nafeesa, after my sister, which means precious. My mother-in-law suggested Azra Sareera for our second daughter.

Are any differences between all 3 pregnancies?
W: I would say the only difference I experienced is between a planned and an unplanned pregnancy. The first pregnancy, like this one, was actually unplanned! Of course, with anything unplanned, it takes you by surprise, and plans have to be put on hold for a while. But I am very thankful nevertheless. My parents had 6 children, so I do want a big family for myself. It’s a boy this time and my husband is of course very happy, seeing how we’ve already got two girls. We’re expecting our baby at the end of October.

You’re expecting your third child? Tell us about this pregnancy. When are you due?
W: To be honest, my third pregnancy, like the first, was unplanned! Of course, with anything unplanned, it takes you by surprise, and plans have to be put on hold for a while. But I am very thankful nevertheless. My parents had 6 children, so I do want a big family for myself. It’s a boy this time and my husband is of course very happy, seeing how we’ve already got two girls. We’re expecting our baby at the end of October.

How is the preparation for the arrival of this baby coming along, especially with the fasting month and the Hari Raya festivities coming up?
W: I’m already in my third trimester of the pregnancy, so it is quite tiring – the backaches and all have started. The baby is due after Raya, but there’s much to be done in the next two months preparing for his arrival, and also celebrating Hari Raya with the family. Like previous pregnancies, I will not be fasting during the pregnancy or when I’m breastfeeding.
You are of Aceh-Australian blood and your hubby is Malay. Do you both follow any specific traditional/cultural beliefs or practices when it comes to pregnancy and the first month after birth? What about cultural differences in terms of raising the children?

W: I'm not big on traditional pregnancy and birth-related rituals and practices unless it is proven to be medically beneficial. In fact, some of our traditional rituals may even be unsafe to practice. Coming from a mixed-parentage background, I had the best of both the Asian and Western cultures. I was raised to be vocal and opinionated, and to be able to think critically and analytically, and we both agree that that is the way to raise our children. We hope that the Malaysian education system will start to focus more on stimulating children to think and to voice their opinions. Malaysian men are probably not raised to be hands-on when it comes to parenting. In general they tend to not get involved in day-to-day parenting basics such as diaper changing, feeding, or playing, so I take care of these, while the husband talks to them more, explaining things to them.

Tell us more about that experience. How did you deal with it?

W: Even though my second pregnancy was smooth, I suffered from a clear case of post-natal depression after Azra was born. It didn't help that my mom moved to Australia, and none of my siblings were around. We were a close knit family, especially me and my siblings. So with them not being around, I suddenly also felt lonely. I had it all- wanting to flee, extensive crying, and even thoughts of hurting myself. On top of that with a new baby around and Amna claiming a lot of attention, you suddenly find yourself being very tired and lacking in sleep. I found support from a few good friends, and gathered a lot of information and encouragement from online support groups from around the world. Generally, I feel, there is a lack of understanding in Malaysian society when it comes to post-natal depression. What we need is strong and positive support, and not for people suggesting us to stop being moody or cranky.

I'm sure you husband was very worried during that time. How did he deal with it?

W: He was very patient with me, being there with me and showering me with love and attention. However, when it comes to Asian men on the whole, they are not always prepared for parenthood and how to support the mother. For this third pregnancy, I have compiled plenty of information from the web, especially on postpartum depression, for my husband to read in order to be prepared. It is important that both the parents be aware of the possible dangers of postpartum depression as I know of friends who underwent similar depression, would think of hurting the baby. But the expecting mother and husband have to prepare for parenthood by reading a lot and getting a lot of information.

Both you and your husband are very busy in your respective careers. How do you manage the family?

W: I personally feel that there has to be a balance in everything we do, and ultimately, good management of time. I am lucky because I can choose what I can and want to do, and I'm not tied down to a particular company or project for good. It helps that the children and the maid have a routine they adhere to even if I'm not around. And I make sure there are enough activities to keep them occupied – toys, books, and not just the television. When I find my girls being clingy, I know that they've missed me as much as I've missed them, and it's a sign I should start spending more time with them.

What lessons did you learn in your first pregnancy, that helped you most in your second pregnancy and now, the third pregnancy?

W: Don't eat for two! And oh, move about and be more active.
As soon as your pregnancy weight starts to increase, you probably are already scheming on how to shed those pounds after the delivery. Then, you will come to discover that the svelte body you had pre-pregnancy will not miraculously re-appear post-delivery.

Typically, a woman gains between two to five pounds during the first trimester, and a pound a week for the rest of your pregnancy for optimal growth of your baby; in total a weight gain of between 25 and 35 pounds throughout the entire duration of your pregnancy.

Life after the birth of your child typically throws a new set of problems and challenges your way, which can hinder your immediate plans to shed off the weight you gained during the pregnancy. So if you are a new mom and cannot wait to get back in shape, remember to go easy!

Having said that, there is no reason to despair. You are not going to be heavy forever.

Here are some tips which will help you in your postpartum weight loss:

Eat healthily
It is important that you watch what you eat and cultivate healthy eating habits. However, it is very crucial that you do not go on a crash diet in the postpartum period. Even though you are no longer pregnant, your body still requires adequate nourishment, particularly if you are breastfeeding. Your daily intake should amount to 2500 calories, and you can spread this over a few meals. The general rule of thumb is to have your diet consist of carbohydrates (half), proteins (a third) and the remaining with fats and fibre. Do increase your consumption of water as this goes directly to milk production. Do consult your doctor on nutrition for breastfeeding mothers.

Forget celebrity moms
Celebrities who give birth are surrounded by a personal team of nurses, dieticians and fitness experts, resulting in a much faster weight loss compared to an average woman. Plus, they often have endorsement, commercial or production commitments to safeguard. They are not good examples to base your own weight loss goals.

Get moving
Exercising too vigorously, too soon, can be damaging to health. However, this does not mean that you should be immobile upon your return from the hospital. You should be able to start with gentle exercises immediately, for example a walk around the neighbourhood, or put on some music while you clean and dance, but don’t overdo things. Save those strenuous workouts at least till after your first post-natal check-up and seek your doctor’s advice.

Weight loss after pregnancy is typically slow, and some mothers may find this a bit frustrating. The truth is, it took you a whole 9 months to get to your full-term weight, and it is probably going to take that long (if not, longer!) to get back to your original weight. Visiting the gym or a slimming centre once or twice is not going to give you the results, but consistency and dedication will.

Good luck!

For more information visit a Marie France Bodyline centre near you or call 1-800-88-7933
Rashes, Be Gone!

Everything changes in countless and wonderful ways when couples become parents. The most important things that you can give your child are love, time and patience – and those come at no cost.

Caring for your newborn can be overwhelming, and priceless, particularly for first-time parents. Selecting the most suitable brands - from baby care products, toiletries, food products, toys and clothes – is a challenge.

Babies bring a whole world of joy to parents. For many parents, diaper changing is not among the most delightful of experiences. However, with a little practice and patience, every nappy change can become a special bonding moment between mother and child.

Typically, a child spends 25,000 hours in diapers during the first few years, and parents would have made over 15,000 nappy changes. Although disposable diapers have been the popular choice among parents, more parents today are making a switch to traditional cloth diapers. The greatest concern for parents is to keep their baby’s skin dry, healthy and free from diaper rash.

A baby’s skin is very delicate and tender, and cloth diapering presents less irritation and is kinder on your baby’s bottom, in addition to the eco-friendly benefits. To top it off, the natural cotton padding makes for a soft landing when the baby learns to walk.

Suffice to say, cloth diapering is also much more economical for parents, and the savings increase when parents re-use cloth diapers for their subsequent children.

Disposable diapers are manufactured with chemicals which absorb wetness, and because of these chemicals, it often is hard to tell when your baby needs a change.

As a result, fewer diaper changes will have your baby sitting in a damp chemical stew.

Disposable diapers hinder air circulation, preventing the skin from breathing. As a result, the skin’s temperature rises, and this eventually leads to nappy rash.

Cloth diapers solve all of these problems by allowing mothers to know when her baby is wet, leading to more frequent diaper changes. Cotton encourages good air circulation, allowing the skin to breathe, and aids in the prevention of nappy rash. Being naturally absorbent, cloth diapers also causes less friction, thereby further reducing the likelihood of developing a rash.

However, it is important to know how to care for cloth diapers as a soiled nappy is a perfect breeding ground for bacteria, especially the diarrhoea-causing E.coli.

As common practice, after washing, parents boil cloth diapers in water to prevent bacteria, viruses and fungi from breeding.

The only possible cause of nappy rash when using cloth diapers comes as a result of using too much soap or detergent. Fabric softener on the other hand leaves behind a waxy residue on the cloth, making it less absorbent.

It is therefore important to choose the right type of detergent, and a mild anti-bacterial detergent for cotton nappies is recommended to help clean and disinfect, without causing irritation to your baby’s delicate skin.

Finally, thorough drying and proper storage of diapers in a clean place is also essential for the prevention of nappy rash.

NappiKleen®

Kills 99.9% of bacteria yet mild and gentle on baby.

Mommy, NappiKleen is good for me!

NAPPKLEEN is a mild and gentle anti-bacterial detergent that kills 99.9% of bacteria. It disinfects baby clothes, diapers, toys etc. making them germ free. Although it’s tough on bacteria, it’s kind on your baby’s delicate skin. Clothes washed with NAPPKLEEN can make your baby feel clean, fresh and comfortable all day long. And when your baby’s happy, you’ll be happy too!
Dear Cecilia,

I’m expecting and going to deliver in Sept 2008. There are few questions I would like to ask:

1. I was advised not to start taking Chinese herbs (ginseng, tang kui, etc) and wine for the 1st week as it will block the discharge of dirty blood. Is that true? When do you think I can start taking those Chinese herbs, wine, ginger?

2. During confinement, can I sleep with air-conditioning?

3. Can I use cold / normal pipe water to wash my face, brushing teeth during confinement? Heard that we have to use warm waters for all washing. That sounds really troublesome.

4. Can I let my baby to sleep face down. My friends were saying it is to avoid the baby get frighten easily and it will keep the shape of the baby head round (looks nicer). I’m just worried. Pls advise.

That’s about it and hope to hear from you soon.

Thank you in advance.

Shereen

Hi Shereen

Let me answer the easy questions first. Yes, it is ok to sleep in an air-conditioned room provided it is not too cold. There is no harm in washing your face and hands with tap water but if you have a bath, it is best to use hot water.

What you eat will depend on whether you are breastfeeding or not. If you are breast-feeding, it is best to avoid all kinds of herbs for the first 10 days as the baby’s liver is not fully mature and the herbs may worsen if your baby has jaundice. After the 10 days, you can take the herbs and ginger but do so in moderation. If you are not breast-feeding, then there is no problem in eating whatever you want provided the food is nutritious for your health.

Concerning your baby’s sleeping position, I would recommend that you swaddle your baby and let him/her sleep on the side. Sleeping on the side will ensure that your baby does not choke in case he vomits and the head will have a nice shape. Put a bolster or rolled towel behind his back to prevent him rolling over onto his back. There is no need to use a pillow for your baby. Once your baby is over 2 months old, it is quite safe to let him sleep on his tummy as he can lift his head if his nose becomes blocked. I hope that this has been of help to you. If you have any further questions please feel free to contact me again. Good luck with the delivery and confinement.

Warmest regards,

Cecilia

Hypertension

Hypertensive disorders in pregnancy happen when the diastolic blood pressure exceeds 90mm Hg. Sometimes it’s accompanied by the presence of protein in the urine. Hypertension in combination with protein in the urine during pregnancy is also known as preeclampsia, which usually occurs during the second trimester, so after 20 weeks of pregnancy. There won’t be any sign of preeclampsia during the early stage and not all mothers who have a history of hypertension will be having this problem.

Throughout prenatal development, the placenta and umbilical blood vessels carry out the exchange of nutrients, oxygen and waste products between the maternal and fetal blood. Therefore it is crucial for your unborn baby to receive sufficient blood and nutrients from the placenta and umbilical cord.

As for having a normal delivery or surgery, it depends on both the mother’s and baby’s condition, and not just on the merit of a diastolic blood pressure. A more thorough and detailed discussion with your O&G will give you a clearer view on your situation. Whatever it is, it is good if you can learn various stress management techniques and light exercises which can help you retain and improve your physical and mental health during pregnancy.

Warm regards,

Firdaus

Stefi

Hi Stef,

When I was pregnant with my second child, in the last two months of pregnancy, my blood pressure was unstable. The baby was induced on January 10th 2003. My blood pressure has been unstable ever since. I am now with my third baby. I was warded in PPUM for a day due to unstable blood pressure in the early stage of pregnancy. I have been prescribed to take 100mg calcium and aspirin. Can I have normal delivery or do I need to have a caesarean? What is the complication?

Warm regards,

Firdaus
Many babies have been known to be so tired that they are unable to sleep while some will settle into a routine that happily fits both them and the care provider. In this case, the care provider is most likely to be the parents and/or the family.

A routine is a loose timetable of a baby’s daily activities. It is necessary as it helps a baby to be more organized. A baby that eats and sleeps well will be a happier baby in her waking hours. A routine also helps the care provider to be able to organize her time and be less stressed, hence enjoying the baby and the journey of parenting.

Do bear in mind that this is not a schedule which is planned by the care provider unilaterally which the baby has to follow rigidly or a regime that can be picked up from a page in a book or some one’s idea of what is good for all babies. Every baby and every family is unique.

In establishing a routine, there are a few things that need to be taken into consideration. While a routine helps a baby and her care provider to be more organized and hence, achieve more in a day, the routine has to be suitable for both baby and care provider.

Generally the routine would consist of a guide to the baby’s feeding habits, sleeping patterns, waking hours and daily activities such as bath times. During waking hours, activities such as going for a walk, spending time exercising on his/her tummy or under the play gym may be introduced for a young baby. For an older baby, it may consist of structured play and guided activities.

There is no best time to start planning a routine. Establishing a routine takes time and effort and because every baby and every family is different, a good time to start is when both parents are ready. As a general rule of thumb, parents can start to think of establishing a routine when the baby is about 3 to 4 weeks old.
In the early days, a mother is advised to rest when her baby rests enabling her to be more in tuned to changes in her baby’s feeding and sleeping habits. From about four weeks after birth, mothers should start to keep track of those habits and in doing so, will see new patterns to those habits/activities. These changes include noticing that the baby has more waking hours, shorter and less frequent feeds are required, and see sleep signals from the baby indicating that tiredness.

By recognizing these signals and assisting your baby to sleep when she is tired, feed when she is hungry and play when she is awake, a mother will soon notice that her baby has a fairly regular pattern for these daily activities. Of course, these activities may not occur at exactly the same time every day but a pattern is present and distinct.

With such information, the parents will then have to decide if the baby’s new activity pattern is suitable or fits into their routine. If the family feels that baby’s feeding, sleeping and waking periods is not suitable with the rest of the family activities, they may either make the necessary themselves, or try to gradually change the baby’s routine to accommodate the rest of the family.

There is no one routine that will fit every family or every baby. In many instances, both the family and baby has to learn to accommodate each other in ensuring that the family gets to spend quality time together, the parents; time as a couple, and that all members of the family gets sufficient rest. Exhausted parents cannot spend quality time with their baby while an exhausted baby will not be very attentive either. Ultimately, a baby that is well rested and well fed will be a joy to all in the family.

Infant colic is a condition in which an otherwise healthy baby cries or screams frequently for extended periods, without any apparent reason.

This condition typically appears within the first two weeks of life and almost invariably disappears, often very suddenly, before the baby is three to four months old. It is more common in bottle-fed babies, but also occurs in breast-fed infants. The frequent bouts of crying usually occur during a specific period of the day, often in the early evenings.

Since the cause is not conclusively established (see below) and the amount of crying differs between babies, there is no general consensus on the definition of “colic”. Having ruled out other causes of crying, a common rule of thumb for a diagnosis of a “colicky” baby is if s/he cries intensely more than three days a week, for more than three hours each time, over a span of more than three weeks in a month.

Causes

Traditionally, colic was ascribed to abdominal pain resulting from trapped gas in the digestive tract. This theory is not yet discredited, and some recent scientific evidence seems to support it, yet it is no longer universally accepted as the general cause.

Some doctors claim that it is a combination of a baby’s sensitive temperament, the environment and its immature nervous system which makes it cry easily and without control. Others believe that it originates in problems in the baby’s digestive system, specifically because of the buildup of gas which cannot be released. New studies at the Colic Clinic at Brown University demonstrate that nearly half of babies with colic have mild gastroesophageal reflux. Some cases may be the result of lactose intolerance.

Treatment

There is currently no generally-accepted medical treatment for colic, and the approach taken by medical professionals varies substantially from country to country and indeed, from doctor to doctor.

There is general agreement that soothing measures, such as pacifiers and rocking, are often effective in calming the baby during crying periods. Also known as the “cuddle cure”, the five S’s are known as Swaddling, placing the baby on their Side or Stomach, Swinging the baby, making a Shh sound in the baby’s ear, and giving the baby something to Suck on. Some parents take turns holding the baby upright (which may reduce the pain and crying) to enable the other parent to catch up on sleep. Babies with lactose intolerance or reflux cry harder and longer when left to lie on their backs, but parents are not advised to put the baby to sleep on their front as it increases the likelihood of Sudden Infant Death Syndrome.

Many parents keep trying different approaches until the colic suddenly stops, at which point they presume that the last thing they tried was the cure.

The writer is practicing at the Klang Maternal & Child Health Clinic, and is involved in paediatrics & adolescent health.
Vulvovaginal candidiasis is the name often given to Candida albicans, an infection of the vagina associated with a dermatitis of the vulva (an itchy rash). ‘Vaginal thrush’ and ‘monilia’ are also names for the Candida albicans infection.

**What causes vaginal discharge?**

Most women will notice that from time to time, they have discharge from the vagina. This is normal, as it keeps the mucous lining of the vagina moist. The discharge is usually clear but may dry on underclothes leaving a faint yellowish mark. This type of discharge does not require any medication even when quite profuse, as is often the case in pregnancy. Excessive vaginal discharge may rarely be due to a retained tampon, cervical disease, desquamative vaginitis or lichen planus.

Vaginal discharge may also be due to microorganisms such as:

- Vulvovaginal candidiasis
- Trichomoniasis (due to a small parasite, Trichomonas vaginalis)
- Bacterial vaginosis (due to an imbalance of the amounts of bacteria which live in the vagina).

**What is the cause of vulvovaginal candidiasis?**

About 20% of non-pregnant women aged 15 to 55 harbour candida albicans in the vagina. Most have no symptoms and it is harmless to them. Overgrowth of Candida albicans causes a heavy and whitish curd-like vaginal discharge, a burning sensation in the vagina and vulva and/or an itchy rash on the vulva and surrounding skin.

Oestrogen causes the lining of the vagina to mature and contain glycogen, a substrate on which Candida albicans thrives. Lack of oestrogen in younger and older women makes vulvovaginal candidiasis much less common.

**Overgrowth of Candida albicans occurs most commonly with:**

- Pregnancy
- Higher dosage of combined oral contraceptive pill and oestrogen-based hormone replacement therapy
- A course of broad spectrum antibiotics such as tetracycline or amoxiclav
- Diabetes mellitus
- Iron deficiency anaemia
- Immunological deficiency e.g., HIV infection
- On top of other skin conditions, often, psoriasis, lichen planus or lichen sclerosis.
- Other illnesses

**What are the symptoms?**

Symptoms of vulvovaginal candidiasis, i.e., an overgrowth of Candida albicans, include:

- Itching, soreness and/or burning discomfort in the vagina and vulva
- Heavy white curd-like vaginal discharge
- Bright red rash affecting inner and outer parts of the vulva, sometimes spreading widely in the groin to include pubic areas, inguinal areas and thighs. These may last just a few hours or persist for days, weeks, or rarely, months. Symptoms may sometimes be aggravated by sexual intercourse

**How is the diagnosis made?**

The doctor diagnoses the condition by inspecting the affected area and taking a vaginal swab. In recurrent cases the swab should be repeated after treatment to see whether Candida albicans is still present.

It is best to avoid treatment for four weeks prior to a swab to improve the chance of positive culture.

Swab results can be misleading because the Candida albicans can be present without causing symptoms, and it can only be cultured if a certain amount is present. Swabs from outside the vagina can be negative, even when the yeast is present inside the vagina and there is a typical rash on the vulva.

Some women with recurring vulvovaginal symptoms appear to be hypersensitive to the organism. In these cases it may be difficult for the laboratory to detect the yeast as a vigorous organism. In these cases it may be difficult for the laboratory to detect the yeast as a vigorous dermatitis has eradicated it.

In other cases, a different species of yeast i.e. a non-albicans candida is found. This is not likely to cause significant vulvovaginitis. Antifungal agents may not clear non-albicans candida from the vagina but luckily, it tends to disappear in time by itself.

**Treatment**

There are a variety of effective treatments for candidiasis. Topical antifungal pessaries or vaginal tablets are usually recommended – in mild cases a single treatment is all that is necessary. A cream formulation may be preferred. Oral antifungal medicines may be used if Candida albicans infection is severe or recurrent.

The creams can be used safely in pregnancy, but the tablets are best avoided.

Not all genital rashes are due to candida, so if treatment is unsuccessful it may be because you have another reason for itching or burning.

**What You Need to Know about Vaginal Candidiasis**

By Dr. Mimi Tan

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There is some evidence that the following measures can be helpful:

- Cotton or moisture-wicking underwear and loose fitting clothing – avoid nylon pantyhose.
- Soaking in a salt bath. Avoid soap – use a non soap cleanser or aqueous cream for washing.
- Apply hydrocortisone cream to reduce itching and treat secondary dermatitis affecting the vulva.
- Treat with an antifungal cream before each menstrual period and before antibiotic therapy to prevent relapse.
- A prolonged course of a topical antifungal agent is occasionally warranted (but these may themselves cause dermatitis or result in proliferation of non-albicans candida).

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The writer is practicing at the Klang Maternal & Child Health Clinic, and is involved in paediatrics & adolescent health.
Did You Know...

- During pregnancy, babies are most likely to move around in the womb around 12 am.
- The uterus expands to as much as 500 times of its normal size.
- The approximate size of a forty-day-old fetus is that of a kidney bean.
- The best time to go shopping for maternity clothes is between the 4th and 5th month.
- The average baby will go through about 7'500 diapers per year.
- Research shows that women take 2 minutes and 5 seconds on average to change a baby, whereas men only take 1 minute and 36 seconds.
- Up until the age of 6 or 7 months, a child can breathe and swallow at the same time. Adults can’t.
- Newborn babies can swim and hold their breath, but they quickly lose this instinct.
- Most babies recognise their mother’s voice when they’re born, but it takes them around 2 weeks to learn to recognise the voice of their father.
- A human fetus gets his or her fingerprints at the age of 3 months.
- Babies like high-pitched singing voices.
- A newborn baby focuses best at objects that are 10 inches from the bridge of its nose. This is roughly the distance from its mother’s breasts to her eyes.
- Regardless of when your baby is born, he will share his birthday with about 9 million other people.
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A baby is God’s opinion that the world should go on.

Carl Sandburg

When you teach your son, you teach your son's son.

The Talmud

Your children will become what you are; so be what you want them to be.

David Bly

Kids spell love T-I-M-E.

John Crudele

Human beings are the only creatures on earth that allow their children to come home.

Bill Cosby

The 20 first new subscribers will receive ibu's "KL's Ultimate Family Guide" for free!
It has been awhile since I’ve last written.

Isobel Daniella Iking-Chong, our only daughter, is now 8 months old and is able to sit down by herself and crawl. She is also, a budding actress.

Unfortunately for my husband, he does not know the difference of a wailing child in pain/need/help to one who just is, well…a mini-actress. And so he gives in to her little tantrums much to my distaste. ALL THE TIME!

It started when she learned how to grab things at the same time she was teething. At first, we were pleased that she was able to grasp her toys and follow the movements shown in front of her. And when she started to drool (heavily), we were happy to know that she was teething according to the ‘normal time frame’. But then she started to ‘bite’ the toys given to her.

“Hey! Let her chew on her teething aid!” I tell Ryan firmly.

“Her ‘preferred’ is her handphone, see?”

I take away his blackberry and the madam goes into “cry baby” mode.

“Give it back to her la…kesian Bel…”

Cocking my head to one side, I stare at the two ‘children’ in my life.

“Please! Isobel can chew on her Disney teething aid…phones are not cheap you know mister! Plus, I read that mobile phones emit ‘bad waves’…it’s not good for children under 7.”

He takes the phone away from her, and she starts whimpering. I offer Bel, her Disney friend, whom she used to love just a few weeks back. She refuses the toy. Watching her quivering lips, I am slightly moved, but quickly hold back my instinct to pass the phone to her.

“How soon you forget your ducky friend young lady!”

She stops her whimpering and gives me a cheeky smile showing off her two front teeth that have just started growing.

We stand up and walk away thinking all is well.

And then we hear a loud wail.

We turn around to see a (loud) crying baby holding tightly to the rail of her playpen.

Her father is fast in stooping her up. Immediately, she stops crying.

I sigh.

“You shouldn’t do that sweetheart. Nanti biasa that. Let her cry a bit. It’s good for her lungs,”

He completely ignores me and allows Bel to bite his chin.

I start nagging and he pulls out an article and reads it out loud for me.

“Spoiling Baby. We always pick up our baby when she cries. Are we spoiling her?”

I peer over his shoulder as he smugly shows me the answer—“Not sparing the comfort won’t spoil the baby.”

Oblivious to our little conflict, Bel decides to cough. A fake cough.

“Bel…what did mummy tell you about the boy who cried wolf? Don’t fake your cough. When you are really, really ill one day, mummy won’t know if you are faking it, or if you need to see a doctor!”

Her father laughs. “My baby girl is such a comedian! Don’t be too harsh on her la mummy…” He swings her around much to her delight and I leave the two happy campers alone.

There just doesn’t seem to be enough waking hours for Isobel Daniella. She seems to be always on the go, wanting to be entertained and carried all the time. She is also growing to be stronger by day, refusing to sit down quietly on our laps, and instead, contorting her body to reach for objects that shouldn’t be touched.

As I watch her scream with delight to her father’s peekaboo games, I have noticed that she is also a budding comedian (who’ll do anything for a laugh), an avid mimic (who delights in copying sounds that we make), and a born performer (‘And for an encore, I think I’ll do that fake cough—again’).

I pick up the article and start reading it—but am quickly distracted by the gaiety of the two.

My mother told me I was such a worry-wart when I was looking after my two younger brothers. I guess it’s the cancerian trait in me. Isobel waves at me and feigns another cough.

Yes. She’s a budding actress. and fast becoming an entertainer – like mummy, like daughter? I guess only time will tell. Wink.
My Mom has banked in millions for me... have yours?

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