



BIG Families

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Paediatrics



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CEO's Message



While national statistics show that the average size of a Singaporean family is shrinking, with most couples stopping at just one or two children, there are a number of exceptional families with three or more children. In fact, every month at Mount Alvernia Hospital,

we are heartened to witness more than 50 families delivering their third or fourth child, and sometimes even their fifth or sixth child.

In this issue, we spoke to a number of big families and found that most of them did not plan on having so many children. However, whether planned or unplanned, they welcomed every new member with open arms. All of them were willing to make sacrifices to make their big families work. In return, their big families provide them with an abundance of warmth, laughter, love and support, through both the good and tough times.

We are now aware of what a big healthcare threat diabetes is. On World Diabetes Day in November last year, the World Health Organisation (WHO) joined partners around the world to highlight the impact that diabetes had on families and the role of family members in supporting prevention, early diagnosis and good management of diabetes. According to WHO, more than 420 million people are currently living with diabetes worldwide, and the global prevalence of diabetes is predicted to continue to rise. It was the seventh leading cause of death in 2016.

In Singapore, almost half a million Singaporeans live with this condition and that number is estimated to grow to 1 million by 2050. However, diabetes can be treated and its consequences avoided or delayed, with a healthy and balanced diet, regular physical activity, regular health screening, medication and other treatments. Diabetes is like other chronic conditions, where family members can play a vital role in a patient's disease management by supporting their self-care interventions and basically encouraging them to live their best life.

In Medicine Today, we take a look at Diabetes Mellitus, a complex and chronic condition that affects almost half a million Singaporeans. We asked four on-campus specialists – an endocrinologist, a cardiologist, a nephrologist and an ophthalmologist, about their roles in caring for diabetics. Our Dietetics and Nutrition department also offers tips on how family members can support a diabetic family member by eating healthily together.

In line with our ongoing plans to evolve and grow to meet the changing needs of the community, we recently appointed Icon SOC to build and manage a new state-of-the-art integrated cancer centre on our hospital's campus. SOC was incorporated into the Icon Group, Australia's largest private provider of cancer care, and became Icon SOC in 2016. Planning for this integrated cancer facility is already underway, with services set to commence in late 2020. The centre will provide a holistic approach to cancer care by bringing together medical oncology, haematology and radiation oncology for Singaporeans in need of cancer care.

As the risk of cancer increases with age, the number of people being diagnosed and living with cancer is likely to continue to rise on the back of our ageing population. This partnership with Icon SOC reflects our commitment to provide patients with the full continuum of care at the time they need it most. This also supports our journey to continue the FMDM sisters' mission of serving all with love and bringing hope to each and every patient who walks through our doors.



Dr James Lam Kian Ming
CEO
Mount Alvernia Hospital



L to R: President of Oncology Systems Asia Pacific, Varian Medical Systems, Kenneth Tan; CEO of Mount Alvernia Hospital James Lam Kian Ming; and Group CEO of Icon Group Mark Middleton

Fighting Cancer Together

Mount Alvernia Hospital is pleased to announce the appointment of Icon SOC, a highly regarded cancer care provider in Singapore, to build and manage its new integrated facility for cancer care.

MEETING THE NEEDS OF AN AGEING POPULATION

The investment in the new integrated cancer centre is in response to one of Singapore's fastest growing healthcare demands. Cancer is currently the leading cause of death in Singapore and was responsible for over 29 percent of deaths in 2017. As the risk of cancer increases with age, the number of people being diagnosed and living with cancer is likely to keep pace with our ageing population.

The good news is, with advancements in cancer treatments, survival rates for patients with cancer have improved significantly over the years. Furthermore, early detection and screening for some of the more common cancers have led to earlier intervention. The spacious 1330-square-metre facility at Mount Alvernia Hospital will mean the end of wait lists for many, thus enabling timelier treatment and improving patient outcomes.

The good news is, with advancements in cancer treatments, survival rates for patients with cancer have improved significantly over the years.

A ONE-STOP CENTRE FOR HOLISTIC CARE

The upcoming facility will house a 10-chair day oncology hospital, delivering chemotherapy, immunotherapy and targeted therapy, a radiation therapy centre, and a full suite of PET-CT, pathology and

pharmacy services. It will comfortably serve 1,000 patients, including the 20 percent or so who require concurrent chemotherapy and radiation.

A REGIONAL TRAINING CENTRE

A highlight of the new centre will be the latest Varian TrueBeam Linear Accelerator. This advanced machine harnesses state-of-the-art technology to deliver improved precision and speed in radiation therapy.

As part of Icon's global partnership with manufacturer, Varian, Mount Alvernia Hospital's new cancer centre will become a regional training hub for radiation oncologists, medical physicists and radiation therapists in the Asia-Pacific region.

The new \$25 million integrated cancer centre is scheduled for completion in 2020. ■



Dear Doc

Letter to Dr Hong Sze Ching, Consultant Obstetrician and Gynaecologist, SDG – SC Hong Clinic for Women, Mount Alvernia Hospital

I am 32 years old and a first-time mum. For the first 24 weeks, I was active, walking at least 10,000 steps five times a week, doing simple stretching exercises and planks. In my 25th week, a sudden onset of preterm contractions (threatened preterm labour) led to hospitalisation. A scan showed that my cervix was borderline short. Did walking too much or planking cause my cervix to be shorter? How do I prevent this from happening again?

Women with normal pregnancies are encouraged to exercise to maintain fitness for a healthy pregnancy. Exercises such as walking, swimming, yoga and pilates are suitable for pregnant women. As a general rule, a pregnant woman can continue doing the exercises she has already been doing pre-pregnancy, with a slight reduction in intensity.

Exercise (such as walking or planking) alone has not been proven to cause preterm labour or cervical shortening. However, there are some conditions in pregnancy that make exercise unsuitable. These include:

- bleeding during pregnancy
- known risk of preterm labour
- low-lying placenta
- high blood pressure in pregnancy

In your situation, excessive exercise may have been an aggravating factor that could have contributed to preterm labour. It is advisable for you to limit your physical activity to reduce your risk as you are still at an early gestation. Excessive walking or other strenuous activities may make your baby's head exert pressure on the cervix, and this may bring on uterine contractions.

Generally speaking, there are many causes for preterm labour. Some cannot be modified, such as cervical or uterine abnormalities, being pregnant with twins or triplets, young or advanced maternal age, or a history of previous preterm birth. Examples of modifiable factors include cessation of tobacco and alcohol intake and promptly treating any urinal or genital tract infections. By managing these risk factors, you can lower the risk of preterm labour.

Progesterone medication and tocolytics (medication to reduce or stop uterine contractions) can lower the risk of having a premature delivery. Check with your obstetrician to see if these may be suitable for you.

You Ask

Q: How much are your Parentcraft classes and when are they held?

A: We have new classes commencing every first week of the month. The Childbirth Education Programme is a six-week course that is conducted once a week over six weeks.

The sessions cover the following topics:

- Nutrition needs during and after pregnancy
- Backcare and exercises during pregnancy
- Breathing relaxation techniques to cope with labour
- Signs of labour, pain relief in labour, methods of delivery, tour of delivery suite and maternity wards
- Importance of breastfeeding and bonding
- Bathing and care of your newborn

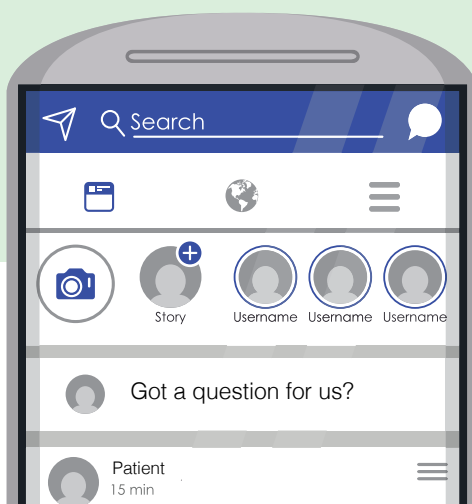
On weekdays, the course is held from 6.30pm to 8.30pm. On Saturdays, the course is held from 1.30pm to 3.30pm or from 4.00pm to 6.00pm.

You can register online at <http://mtalvernia.force.com/ParentCraftRegistration/MAHParentCraftRegistrationWebPage>



Q: You have many health screening packages. How do I select the right health screening package for me?

A: This will depend on your family history (if there is a history of cancer, diabetes or heart disease in the family history), age (older patients tend to develop more problems such as glaucoma), lifestyle (smokers and those who lead a sedentary lifestyle) and any present health complaints. You may wish to contact our Health Screening Centre at 6347 6615 or email at enquiry@mtalvernia.sg



MyAlvernia

Editor

Kenice Tay

Writers

Weena Lim

Suzanne Lauridsen

Contributor

Anthony Goh Tee Kow

Editorial Advisor

Goh Hock Soon

Creative

SPEcial Pte Ltd

Advertising Sales

SPEcial Pte Ltd

Pam Quah

pam@spe-cial.com

HP: 9871 0666

Printer

Ho Printing Singapore Pte Ltd

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Contact Information

Please email mah@mtalvernia.sg and address all correspondence to: The Editor, My Alvernia.

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Love Transcends All

As our recent efforts demonstrate, we truly strive to serve all with love – regardless of faith, nationality or background. Our Community Outreach team has been actively reaching out to diverse sectors of our community, from temple-goers to domestic workers and people with disabilities.

HEALTH SCREENING AT SREE RAMAR TEMPLE

We held our annual health screening event with Sree Ramar Temple on 17 February 2019, targeting temple-goers and temple attendants. The screening is a joint collaboration with the temple that is now in its fifth year. This year, the focus was on awareness and detection. Our staff and volunteers measured each patient's

height, weight, BMI and blood pressure, and conducted a fasting venous blood test. A total of 38 people underwent the screening.

DENTAL SCREENING AT CENTRE FOR DOMESTIC EMPLOYEES (CDE)

Our first ever dental screening event was held jointly with the CDE at Lucky Plaza, on 10 March 2019. A team of volunteer dentists from Singapore Dental Health Foundation

conducted dental screening and counselling for 68 patients, most of whom were domestic workers and members of CDE. Each screening included a gum and teeth examination for oral diseases, followed by counselling and sharing of tips on oral hygiene. Patients who required follow-up dental treatments were referred to our outreach dental clinic.



Following the success of this inaugural event, we are now planning more screenings at other offices of CDE and its shelter.

DENTAL CARE FOR YOUNG PEOPLE WITH DISABILITIES

The oral health of people with special needs is an often overlooked area of care. Our team readily agreed to SG Enable's request for a talk on the common barriers to dental care among this sector of our community,

and how their conditions affect daily oral care and dental treatment.

Dr Tong Huei Jinn, an accredited specialist in paediatric dentistry in Singapore, spoke to 57 caregivers and parents of children with special needs. She shared strategies to help prepare them and their children for dental visits, and emphasised the importance of proper oral health and hygiene especially among those with special needs.

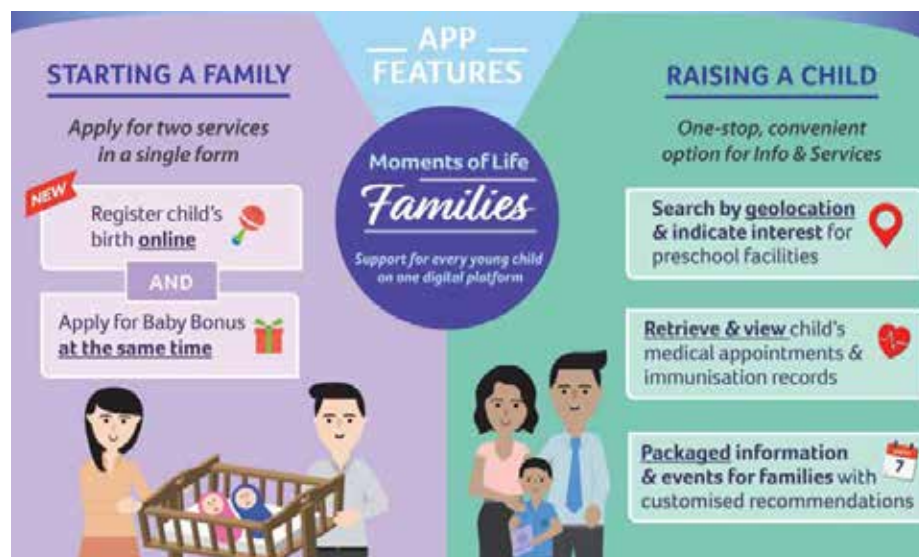
Dr Tong's clinical and research interests are centred on the management of children with special and medical needs, as well as the treatment of children with severe traumatic dental injuries. Dr Tong is from KK Women's and Children's Hospital, our partner for the outreach dental clinic at Agape Village.

FLU VACCINATIONS AT BISHAN HOME FOR THE INTELLECTUALLY DISABLED

We conducted our second annual flu vaccination exercise with the residents of the Bishan Home for the Intellectually Disabled on 7 May 2019. Flu jabs are recommended to be given once a year especially for seniors who are staying in intermediate or long-term care facilities to reduce the risk of influenza transmission. A total of 114 residents received vaccinations.

Four patient and caring volunteer nurses from the Catholic Nurses Guild (CNG) helped to administer the vaccinations.

Register Baby's Birth via New App



In addition to registering your child's birth with us at Mount Alvernia Hospital, eligible parents can now choose to register their child's birth via the new 'smart nation' initiative, the Moments of Life (MoL) app.

If you have already booked for delivery with us, by now you should have received the MoL leaflet together with our Maternity

Services guide. You would also be given the leaflet if you join us for our Maternity Tour. Antenatal class participants will receive a 'Step-by-Step' booklet. If you do not have a copy, you may also ask our ward nurses or Business Office staff for one. To be eligible for sign up via the app, both parents must have a SingPass account, at least one parent must be a

Singapore citizen, and your marriage must have been registered in Singapore. For more information, please scan the QR code below.



Short Takes

New Look 'Mother and Child' Communications I
New Endoscopy Centre Opens

New Look 'Mother and Child' Communications

We are pleased to unveil our fresh new 'Mother and Child' branding campaign. The series uses adorable baby images and soothing textured coloured backgrounds to create a warm, cosy look that's easy on the eye. A series of fun hand-drawn graphics, each tailored to a specific message, completes the campaign look.

We hope you enjoy our new campaign as much as we enjoyed creating it.



New Endoscopy Centre Opens

We are pleased to announce that our new Endoscopy Centre is open. Designed as a one-stop service facility, it has been relocated from level 4 to level 3, above the Alvernia C.H.I.R.P. Alley and next to the Day Surgery Ward. It is equipped with a central monitoring system that allows monitoring of patients' vital signs from the nursing station, regardless of whether the patient is in the operating theatre, recovery bay or the ward. This advanced feature will further enhance the safety and comfort of our patients' experience.

Mount Alvernia Hospital is also an approved provider to support the National Colorectal Cancer Screening Programme (NCRCSPP) for the provision of colonoscopy services for eligible patients. NCRCSPP was introduced by the Health Promotion Board in 2011 for Singaporeans and permanent residents aged 50 years and above.



Diabetes and You



Mount Alvernia Hospital held a successful event entitled 'Diabetes and You' at OUE Downtown 2. More than 70 participants attended informative and engaging talks by

our on-campus doctors Dr Kevin Tan, Dr Soon Chao Yang and Dr Jacob Cheng, and our Head of Dietetics and Nutrition, Sarah Sinaram. Staff from our health



screening centre were also on-site to provide advice on health screening and diabetes-related matters.

Mums and Kids 'Click' Over Toy Cameras



We celebrated Mother's Day with a fun mother-and-child bonding event. In a hands-on workshop, fourteen pairs of mums and kids aged five to seven years old gathered to make a wooden toy camera.

The budding toymakers were visibly excited as they rolled up their sleeves and learned basic woodworking skills such as sanding, gluing and hammering. They also got to paint their very own wooden toy camera before bringing it home.



BIG FAMILIES

The parents of five exceptionally large and lovely families spoke with MyAlvernia on how they bucked the trend and had more than the usual one or two children. In the course of our conversations, we discovered that more children bring more smiles, more laughs, more love and, to tell the truth, just a little more chaos. Sure enough, we were charmed by their stories of close-knit family life, disarmed by their honesty about its challenges, and touched by their hopes and dreams for the future.

What's more, we are proud to share that each and every one of the children in these five big families was welcomed to the world at Mount Alvernia Hospital. Five families with 22 children (and counting) add up to an indefinite number of happy memories waiting to be made. Read on for their heart-warming stories and real-life insights.

Six Straight As

Alison Ng, aged 44 and Adrian Seah, aged 51 are the proud parents of six children – 18-year-old Angelo, 16-year-old Alexander, 15-year-old Angelique, 10-year-old Alpherius, 3-year-old Ashton and little baby Abel.

Surprisingly, neither Alison nor Adrian planned to have such a big family. As Alison and Adrian came from a family of three girls and boys respectively, they both would have been content with three children of their own. They philosophically attribute their 'bonus three' to "God's plan".

TEAMWORK WORKS

Happy families have strong family bonds, and parents are responsible for strengthening and protecting these bonds, especially in a family of six children. While Adrian works full-time, Alison contributes to the household coffers by working on a freelance basis. They have developed a highly effective system of cooperative parenting, and make a great tag team.

"Both of us always try to put in our best so that the other can have an easier time," added Adrian.

As there are teenagers in the family, both Alison and Adrian need to look at every individual's schedule. No doubt their heads are filled with the details of sports practices, school assignments, dentist and doctor appointments and so on...

Though usually united in their approach to parenting, there is one area where mum and dad do not see eye to eye – that is, in the much-debated area of digital devices.

"My take is to totally remove them, whereas Adrian feels that their time to be 'mature' will come. In this area, he gives them much more leeway and freedom," explained Alison.

Studies have shown that having meals together reinforces communication in a big family like the Seahs. While Alison and Adrian discourage digital devices at the dinner table, they acknowledge that sometimes their presence is unavoidable. Family meetings are also good

opportunities for family members to check in with one another, air grievances or even discuss vacation plans.

"Both of us always try to put in our best so that the other can have an easier time."

A WISH FOR THE FAMILY

Family support is important and parents can take the lead to build this bond that will last a lifetime. Encourage everyone in the family to learn about things and values that are important to everyone else and support one another through good and bad times.

Though every moment is full to overflowing, we asked Alison to pause, reflect and express a wish for the future. She left us with these simple heartfelt words, "I hope that we will be healthy and safe, and close and loving."

THE SEAHS



Five Kids, Endless Joys

Michelle Ngern, the lovely mum on the cover of this magazine, is a youthful-looking 37-year-old mother of five. She is married to Daniel Goh, aged 41, and has five children – 11-year-old Audrey, 9-year-old Isaac, 7-year-old Julian, 4-year-old Kyra and baby Philip, all of whom were born in Mount Alvernia Hospital.

Surprisingly, Michelle freely admits that a big family was never on her list of things to do, but rather the result of being “open to life”. Daniel, too, never envisaged having five children. However, there are certainly no regrets.

“They are all different in character and each one of them brings us joy in a different way. Looking back, we wouldn’t have it any other way!” said Daniel.

Ironically, when Michelle and Daniel’s first baby came along, their business venture had just failed and money was tight. The family finances are much better now, and both parents agreed that material things they once viewed as important are no longer a priority.

When we asked if one or both parents work, Michelle replied, “I would like to think that both of us work. After Isaac was born, Daniel has become the main breadwinner while I double up as a disciplinarian, chef, tutor, personal assistant, nurse and much more.”

“They are all different in character and each one of them brings us joy in a different way. Looking back, we wouldn’t have it any other way!”

Acknowledging Michelle’s hard work at home, Daniel believes in the importance of having one parent at home, especially when the children are growing up. He makes it a point to set aside one or two nights a week to have dinner with his family, and also drives the older children to school.

CHALLENGES AND STRATEGIES

Supermum Michelle modestly insisted that the challenges of having a big family are pretty much the same as those faced by any family, regardless of size. However, she cited discipline, finding time to communicate meaningfully with each child, and ‘mother’s guilt’ – that bad habit of mothers to constantly self-critique and agonise over what ‘you should have done’, as her personal top three challenges.

When it comes to settling disputes, Michelle and Daniel leave the kids to their own devices. This, they reason, allows the children to work on their negotiation skills and sharpen their survival instincts.

WHEN PARENTING STYLES CLASH

With disarming honesty, Michelle freely admitted that not only has she encountered conflict with her husband over their different parenting styles, but also with both sets of grandparents. Their golden rule is to never interfere when one parent is disciplining the children, no matter how strongly they object to the method of their partner.

MAKING TIME FOR TWO

Michelle and Daniel value their ‘couple time’. They text and call each other throughout the day, and are fortunate to have parents who are willing to babysit their grandchildren. As the children are usually in bed by 8.30pm, they try to focus on each other in the evenings. They also have the luxury of most Sunday afternoons to spend with each other.

FAITH IN THE PRESENT AND FUTURE

Where once their focus centred on good grades and a stable future, Michelle and Daniel have now shifted their parenting focus on matters more spiritual.

“We want them to have an experience with God. We trust that when that happens, everything else will fall into place,” summed up Daniel.

Going by the happy family we met, with no signs of power struggles, spats or skirmishes (amazingly), it looks like everything is falling into place.

THE GOHS



The Joy of Four

Having four children means more laughter, love and endless learning. These are the wonderful things that abound in the lives of Irene Lim and Brett Han, both aged 43, and their quartet of kids – 11-year-old Isaac, 7-year-old Isaiah, 5-year-old Immanuel and baby girl Isabelle.

Like Michelle and Daniel, Irene and Brett never counted on having such a big family but were happy to go with “God’s plan”. Without assessing their financial readiness, they followed their hearts and happily embraced the children with whom they were blessed with along the way. With both of them working, they are able to manage the expenses of a house and car while gladly foregoing some of life’s dispensable luxuries.

BUSINESS AND THE BUSINESS OF LIVING

Since Irene and Brett jointly run their own events management company, their work schedules are quite flexible. By running their own businesses, it allows them to be more active and involved in their children’s lives, and also enables them to spend lunchtimes as a couple together.

“We usually try to finish our work in the office and leave on time to fetch the kids from school and childcare. At times, we do bring work home but only start working on it after the kids are in bed. When we reach home, our first priority is to ensure that we spend quality time with the kids,” shared Irene and Brett.

“As a family, our greatest wish is for us to remain affectionate and loving, always and forever.”

Other than the usual concerns over money and space, Irene and Brett face the constant challenge of allocating equal time and attention to each of their four children.

Irene praised her husband’s practice of taking each of their sons on a daddy-son bonding trip when they turn five. He has already taken their elder sons, Isaac and

Isaiah, so this year will be Immanuel’s turn. On Irene’s part, she always tries to cook each child’s favourite dish or bake their favourite cookies and cakes on weekends.

PARENT REFEREES

Generally, both Irene’s and Brett’s parenting styles are aligned. They work on a mutual understanding that the good guy and bad guy roles are interchangeable. When Brett needs to discipline the kids, Irene will not interfere until he is done. Thereafter, she will step in and explain why their daddy is unhappy or angry, thus countering the scolding with a positive learning experience. And vice versa.

HOPES AND WISHES

While every moment of the present demands Irene and Brett’s full attention, they naturally think about the future.

“As a family, our greatest wish is for us to remain affectionate and loving, always and forever,” shared Irene.

Going by the cuddles lavished on baby Isabelle, it looks like that wish is already coming true.

THE HANS



Fabulous Four... And All Planned For

Unlike the majority of the families we interviewed, who did not consciously plan to have big families, one couple set out to have a large family right from the start. For Christina Chew and Ravier Lin, both aged 33, everything went according to plan. Their four children – 9-year-old Jovan, 6-year-old Chloe, 4-year-old Chanel and baby Jarrod, are the living proof.

Since Ravier is a financial planner, the couple have always set aside savings for their children's education as well as everyday living expenses. They greatly enjoy their big brood.

"It's always warm, loving, fun and noisy around here. The only time that there is silence in the house is when everyone is asleep!" said Christina.

THE LINS



INTER-SIBLING ISSUES

Christina does not deny that managing four kids at once can be challenging. She worries about neglecting one or more of them, though she tries very hard not to play favourites. She also admitted that the two oldest children sometimes feel displaced by the younger ones. To overcome this, they will often take the older kids to eat their favourite foods or take them shopping for stationery.

"It's always warm, loving, fun and noisy around here. The only time that there is silence in the house is when everyone is asleep!"

In addition to making time for each of their children, Christina and Ravier also make it a point to set aside time for each other. When Christina's mother looks after the children, they get to enjoy some treasured 'couple time'.

As for resolving disputes, sometimes mum and dad beg to differ on the best course of action. However, in order not to undermine each other's authority, they try to leave 'referee duties' to either the mother or the father.

"We also get our children to stand in a corner and reflect on what they have done wrongly, and how or what should they have done, in order to avoid repeating the mistake in the future," shared Christina.

WHAT EVERY MUMMY WANTS

When we asked Christina to share her hopes for the future, she said, "We just want the children to be happy and healthy, to study hard and to play hard. That should be what every mummy wants!"

The Glee of Three... Plus An Extended Family

THE TOHS

Yi Wan and Jialun are the loving parents of three adorable children – 6-year-old Rayner, 4-year-old Randall and baby Emma. They live with their extended family, and enjoy the closeness of their children with their cousins.

“Although biological cousins, they play like siblings and have lots of fun together,” shared Yi Wan. She is grateful for the support network that comes from living with three generations under the same roof.

“My nephew is just two months older than Rayner, which means that they can play, study and go for classes together. It also allows us to pool our resources. For example, we take turns ferrying the kids to classes,” explained Yi Wan.

AN ABUNDANCE OF BLESSINGS

The couple consider themselves fortunate to have been blessed with three children after marrying in their 30s. They embarked

on parenthood with no financial planning, and both continue to work. Fortunately, Yi Wan’s job has flexible working hours. Both parents devote evenings and weekends exclusively to bonding and playing with the children.

“We hope to continue to enjoy the company of one another and hope that the siblings do not drift apart, even when they grow older and have families of their own.”

Both parents love the companionship and fun of having a big family, but sometimes struggle with time management. In their efforts to acknowledge each of their children as an individual, they have adopted a practice of spending one-on-one time with them. For example, they’ll bring one child out for play or a meal while the other two stay at home with the helper.

As for ‘couple’ time, they neither covet nor miss it, since both Yi Wan and Jialun love spending time with their kids. However, on the rare occasion when all the children are napping at the same time, they will sometimes grab a quick meal together.

Looking ahead, Yi Wan said, “We hope to continue to enjoy the company of one another and hope that the siblings do not drift apart, even when they grow older and have families of their own.” ■





The Big and Small of Laparoscopic Surgery

Also known as 'keyhole surgery' or simply laparoscopy, laparoscopic surgery requires smaller incisions than traditional open surgery and is performed with smaller instruments. Dr Wong Soong Kuan, Consultant General Surgeon at The Colorectal Clinic Pte Ltd, explains its advantages and limitations.

LAPAROSCOPIC VS. TRADITIONAL SURGERY

Laparoscopic surgery is a minimally invasive surgical method used to access the interior of the body through a small incision, removing the need for open surgery. In order to create space within the confines of the abdominal cavity, a 'pneumoperitoneum' is created by

pumping carbon dioxide into the abdominal cavity to create a spatial dome.

In laparoscopic surgery, ports or small tubes measuring 5 to 12mm are placed in the abdomen to allow a camera system and long slim pencil-like instruments to be inserted and used.

A laparoscopic surgeon needs to be proficient in open surgery and must have performed a sufficient number of complicated laparoscopic operations in simulated scenarios during surgical training. A growing number of surgeons are pursuing sub-specialties in different types of laparoscopic surgery.

THE BIG ADVANTAGE OF SMALLER ACCESS

Essentially, traditional surgery involves maximal access whereas laparoscopic surgery aims for minimal access.

“With traditional open surgery, the wounds are significantly larger than with laparoscopic surgery,” explained Dr Wong. “Consequently, there is usually more post-operative pain and the recovery process is correspondingly lengthened. In particular, the return of bowel function is longer with open surgery. There are also more opportunities for wound issues like infection to occur because of the larger wound.”

For obvious reasons, the scarring is greatly reduced with laparoscopic surgery compared to traditional open surgery. Many laparoscopic procedures leave barely visible scars or none at all.

SUITABLE FOR A WIDE RANGE OF PROCEDURES

Laparoscopic surgical techniques are generally recommended for the following procedures:

- Gallbladder removal
- Appendectomy
- Hernia repair
- Gynaecological procedures such as ovarian cyst rupture, uterus removal
- Urological procedures such as kidney and prostate surgery
- Colon and rectal tumour surgery
- Bariatric surgery for obesity
- Fundoplication surgery for oesophageal reflux disease
- Reconstructive surgery for pelvic floor prolapse
- Liver and bile duct surgery in selected situations
- Adrenal tumour removal

EXCLUSIONS AND LIMITATIONS

“An important point to note is that not all types of surgery can use laparoscopic techniques,” highlighted Dr Wong. “Typically, if the tumour is large, the patient is too ill or has internal adhesions from a previous open surgery, it may be necessary to go for open surgery.”

Laparoscopic surgery also requires a clear view from the camera. If there are dense adhesions between intestinal loops, the patient is too ill to tolerate the pneumoperitoneum pressures, or there is bowel distension or bleeding that obscures the visual in the camera screen, then laparoscopic surgery will be difficult.

Essentially, traditional surgery involves maximal access whereas laparoscopic surgery aims for minimal access.

In addition, very gross enlargement of organs caused by diseases like cancer may make it difficult to perform laparoscopy. Complicated surgeries, where there are many adjacent organs and blood vessels necessitating very precise control in order to isolate and access the targeted tumour or tissue, are generally not suited to laparoscopic techniques. These include pancreatic, liver and bile duct surgeries.

ROBOTIC-ASSISTED LAPAROSCOPIC SURGERY

Robotic-assisted laparoscopic surgery is a refinement of the laparoscopic technique. It allows increased dexterity and work in very small spaces because of additional degrees of freedom, which mimic the movement of the human wrist and allow more precise dissection and even suturing. An extremely high degree of precision is achieved with the aid of robotic arms and servomechanisms, or servos. Servos are devices that provide error-sensing negative feedback to correct the action of a mechanism.

In robotic-assisted laparoscopic surgery, the surgeon has to insert the ports in the abdomen as he would for regular laparoscopic surgery, but thereafter works through a machine interface to control robotic arms that perform the operation.

Robotic-assisted laparoscopic surgery is generally more expensive than regular laparoscopic surgery, as the robotic machine and related consumables are relatively costly.

WHEN ROBOTIC-ASSISTED HAS THE EDGE

Operative situations in which robotic-assisted laparoscopic surgery offers a clear advantage over regular laparoscopic techniques currently include prostate surgery, where there is a need to suture a water tight joint between bladder and urethra, as well as certain advanced urological procedures. In addition, it is often the preferred technique for very low-lying rectal cancers.

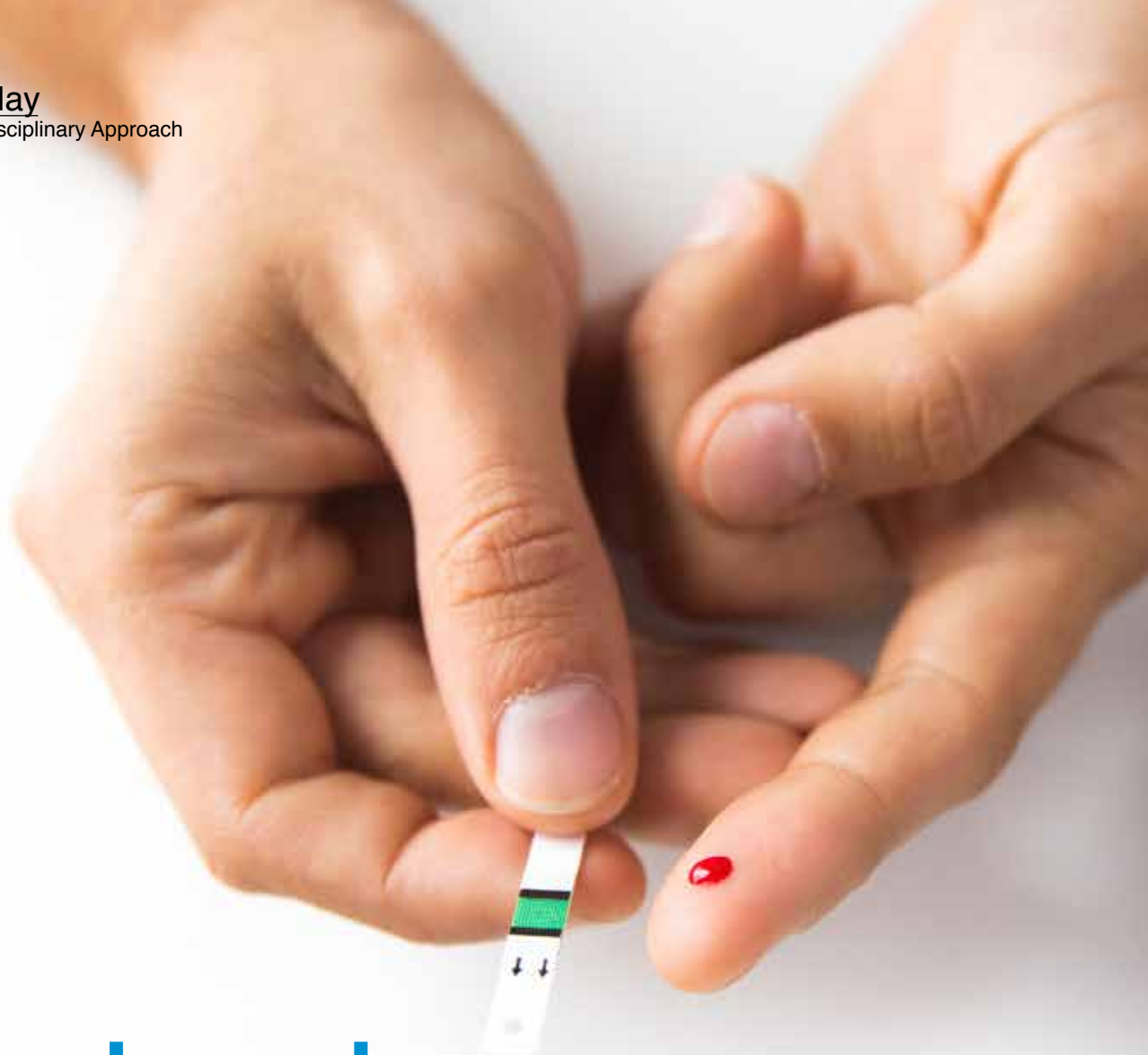
ON THE HORIZON

No doubt robotic-assisted laparoscopic surgery will continue to advance in tandem with ongoing improvements in miniaturisation that will result in increasingly smaller machines. Currently, robotic consoles can occupy considerable space in the operating theatre.

The development of better instrumentation and devices for dissection and the stemming of bleeding will also help laparoscopic surgery to progress. Likewise, video advancements in 3D and virtual reality will allow better spatial orientation and overcome the limitations of situational awareness with current platforms. Computer simulation prior to surgery will also help the surgeon prepare better prior to surgery and avoid unplanned scenarios.

Without a doubt, laparoscopic surgery is here to stay. And the ‘smaller’ it gets, the bigger the benefits for patients. ■

Dr Wong Soong Kuan
Consultant General Surgeon
The Colorectal Clinic Pte Ltd
Medical Centre D, #07-51



Diabetes:

A Multi-Disciplinary Approach

Diabetes is a systemic disease that affects multiple organs in the body, hence a multi-disciplinary approach is required to deliver holistic care to patients. We asked four specialists about their roles in caring for patients with diabetes, a complex yet common condition that affects an estimated 400,000 Singaporeans.

FIRST, SOME BACKGROUND

Since the day our Government declared 'war' on the disease in 2016, diabetes has become a household name for all the wrong reasons. However, not everyone understands how it works – or rather, disrupts the way a healthy body works.

In a nutshell, diabetes, also known as Diabetes Mellitus, has two forms – Type 1 and Type 2. In patients with Type 1 diabetes, the pancreas produces little or no insulin,


the hormone that regulates the amount of glucose or sugar in our blood. In Type 2 diabetes, the body develops a resistance to insulin and is unable to use it properly. Both types result in high blood sugar levels, also known as glucose levels, which can lead to multi-organ complications.

While the exact cause of Type 1 diabetes is unknown, it occurs when the body's immune system mistakenly destroys the cells involved in insulin production. Type 2

is often the result of poor diet and lack of exercise and is largely preventable.

IT TAKES A VILLAGE (OR A MEDICAL TEAM)

In complex or advanced cases of diabetes, the medical team can involve doctors across different disciplines such as a general practitioner, an endocrinologist, a cardiologist, a nephrologist and an ophthalmologist. Often, allied health workers like a dietitian and a podiatrist will



Dr Goh explained that while most cases of diabetes can be managed by a general practitioner, complex cases are often referred for management at the specialist level. These cases include gestational (pregnancy-related) diabetes, frequent hypoglycaemic episodes (abnormally low blood sugar levels), sub-optimal control, labile or brittle diabetes, and diabetic emergencies such as diabetic ketoacidosis (DKA), a life-threatening condition that occurs when the body breaks down fat and produces ketones, which cause blood to become acidic.

Types of treatment

Though diabetes is common, no two cases are identical. Hence treatment plans are always tailored to individual patients.

“There is no one-size-fits-all approach to diabetes treatment as each patient is different with a different genetic make-up, weight and lifestyle. The initial treatment will also depend on the severity of the diabetes,” said Dr Goh.

“In mild to moderate cases, the approach is to use agents to gradually lower blood sugar level. In more serious cases, when there is a risk of developing a diabetic emergency such as DKA, insulin may be required to rapidly lower blood sugar level,” he added.

New and improved

There are several different classes of oral agents that are used to treat diabetes, and new ones are constantly being developed by the pharmaceutical industry.

“There are new classes of oral medication known as SGLT2 inhibitors, which cause excess sugars to be excreted through the urine,” said Dr Goh.

Besides controlling glucose levels, this new medication has shown other beneficial effects such as helping to lower blood pressure and reduce weight. However, Dr Goh emphasised that, like all drugs, it may not be suitable for all patients, and stressed the need for individualised treatment.

“In the general population, diabetes is common, but among cardiology patients, it's staggering.”

The need for screening

Since a key aim of diabetes treatment is to prevent development of diabetic complications, Dr Goh advocates following international guidelines, which recommend regular annual screening. This is important so that complications can be detected in their early stages and effective preventive treatment can be started before they become irreversible or life-threatening.

Common complications of diabetes include major cardiovascular events like strokes and heart attacks, together with kidney failure, blindness and limb amputations.

That brings us to the role of... the cardiologist.

THE CARDIOLOGIST

We spoke to Dr Soon Chao Yang, Interventional Cardiologist at The Heart Doctors Clinic, about the role of a cardiologist in the treatment of diabetes.

“In the general population, diabetes is common, but among cardiology patients, it is staggering,” said Dr Soon. “Adults with diabetes are two to four times more likely to die from heart disease than adults

also contribute to the care of the diabetic. Given the importance of medication in managing and treating diabetes, a pharmacist also plays an important role.

At the risk of stating the obvious, the success of any treatment relies heavily on the cooperation of the patient.

THE ENDOCRINOLOGIST

We asked Dr Goh Kian Peng, an Endocrinologist at Saint-Julien Clinic for Diabetes & Endocrinology, about the role of an endocrinologist in the treatment of diabetes.

without diabetes,” shared Dr Soon. “At least 68 percent of people aged 65 or older with diabetes die from some form of heart disease, and 16 percent die of stroke.”

Hence cardiologists play a major role in the prevention, treatment and management of the cardiovascular complications of diabetes.

Why diabetes damages the heart

Basically, diabetic patients face a heightened risk of heart disease because high blood sugar levels are atherogenic, meaning that they lead to the build-up of unhealthy deposits in their blood vessels. In addition, patients with diabetes, particularly Type 2 diabetes, often have multiple cardiovascular risk factors such as high blood pressure, high bad cholesterol, obesity, lack of physical exercise and so on, that contribute to their risk for developing cardiovascular disease.

Not your regular coronary artery disease

Dr Soon shared that the most common presentation of diabetic heart disease is in the form of coronary artery disease (CAD). However, the treatment of diabetic CAD differs from the treatment of non-diabetic CAD due to some important differences in the pattern and presentation of the disease.

The main difference between diabetic and non-diabetic CAD is the excessive calcification in diabetic CAD, which leads to significant challenges in angioplasty (ballooning) treatment. Often, rotablation is required to remove calcified deposits. This procedure uses a tiny drill and is powered by compressed air. It is considered a riskier procedure than angioplasty.

CAD is generally more widespread in diabetic patients, who are also more likely to require major surgery (such as coronary artery bypass) due to multiple blocked blood vessels.

Furthermore, diabetic CAD patients tend to suffer from micro ischaemia – a coronary artery disease that blocks the minor arterial branches, which are impossible to treat with ballooning or surgery.

Diabetic CAD patients also face a higher risk of recurrence. Even after a successful coronary artery ballooning or bypass, diabetics have a higher chance of having blockages form in the future, which may in turn require more surgeries.

“At least 68 percent of people aged 65 or older with diabetes die from some form of heart disease, and 16 percent die of stroke.”

Getting better all the time

In addition to new medications and more efficient glucose monitoring systems, Dr Soon highlighted that there are new medical devices that are improving the outcomes for patients with diabetic CAD.

In particular, new medication-coated or drug-eluting stents are significantly reducing the risk of recurrent CAD. These are miniature scaffold implants that are inserted directly into the arteries after an angioplasty.

That’s certainly heartening news for patients with diabetes-related heart problems. Now let’s move on to the kidneys...

THE NEPHROLOGIST

We caught up with Dr Stephen Chew Tec Huan, Senior Consultant Nephrologist from Stephen Chew Centre for Kidney Disease and Hypertension Pte Ltd, to learn about the role of a nephrologist in the treatment of diabetes.

“Patients with diabetes are more susceptible to bladder-related dysfunction and this causes a variety of issues related to smooth and complete emptying of the bladder,” explained Dr Chew. “The retained urine in the bladder from incomplete removal can present as issues of incontinence, or relapsing urinary tract infections.”

A fortunate ‘side effect’ of treating diabetes-related bladder and urinary tract problems is that the doctor can also detect the tell-tale signs of other diseases that are not directly caused by diabetes. Blood in the urine, declining kidney function and pain in the loin may prompt the doctor to conduct a more comprehensive urological assessment, which could uncover separate conditions such as tumours or kidney stones.

Why the kidneys are compromised

When we asked Dr Chew why the kidneys are often affected by diabetes, he explained that the reasons are many and varied.

“A chronic exposure to high levels of glucose causes an overfunction of the kidney and an undue increase in the flow pressure within the kidneys, which leads to progressive injury if unchecked,” shared Dr Chew.

According to Dr Chew, diabetes can also stimulate an adverse response in kidney tissue that can cause ongoing damage, and lead to an accumulation of abnormal glucose end-products in the kidneys and blood vessels throughout the body. These can persist long after glucose levels have been brought under control.

“The diabetic kidney is also at an increased risk of injury from hypertension and hyperlipidaemia. Though these conditions are common in the community and are able to cause renal injury on their own, in the diabetic they produce an amplified effect,” shared Dr Chew.



The treatment of kidney complications

Dr Chew shared that the standard of care is, first and foremost, effective diabetic control.

“Glucose control has to be initiated early and deferring treatment only serves to increase the risk of injury to the kidneys. But most importantly, the normalisation of glucose does not mean injury cannot continue to occur. The kidneys have a ‘long memory’ for injury!” cautioned Dr Chew.

In addition to glucose monitoring and control, rigorous blood pressure control is recommended. As kidney injury advances, the amount of medication required to keep the blood pressure under control tends to increase. Needless to say, medication works best with adequate dosing and a restricted salt intake.

After glucose and blood pressure control comes cholesterol control, which can be effectively achieved through many types of medication.

New drugs help with prevention and protection

There are several promising new drugs, including inhibitors, that not only control glucose levels but also serve to improve kidney function.

“This group of drugs also protects the kidneys through other mechanisms,” added Dr Chew. “It is the first glucose-reducing drug that directly protects the kidneys as well as other organs.”

Clearly, good glucose control benefits us in so many ways. Let us not forget our eyes as well.

THE OPHTHALMOLOGIST

Last but not least, we spoke to Dr Jacob Cheng Yen Chuan, Director, Retinal Services at Eagle Eye Centre, about how diabetes affects the eyes.

In short, the ravages of diabetes can lead to total vision loss, or blindness.

“Many diabetics are unaware of the pressing need for regular eye examinations. Early detection and timely treatment of diabetic retinopathy can slow the onset of ocular complications and reduce the risk of vision loss,” shared Dr Cheng.

Given that retinopathy initially displays no symptoms, it can lead to blindness, so the importance of annual eye examinations cannot be overstated.

“Patients with Type 1 diabetes should have annual screenings starting five years after the onset of the disease. Type 2 diabetics should be screened yearly upon diagnosis. As many as a third of them may already have retinopathy at the time of the initial diagnosis, as the exact date of onset is difficult to determine,” advised Dr Cheng.

The retina and the macula

Diabetic retinopathy occurs when blood vessels in the retina are damaged after glucose levels enter the unhealthy range.

According to Dr Cheng, approximately a quarter of all diabetics will have some form of retinopathy after five years. The risk more than doubles to six percent after 10 years for Type 1 diabetics, and can soar to 84 percent after 19 years for Type 2 diabetics.

Diabetic retinopathy is divided into two stages. The first and early stage, known as non-proliferative diabetic retinopathy, is the most common form. Damaged blood vessels leak blood, proteins and fluid, resulting in swelling of the retina. It progresses from mild to moderate and severe as more and more blood vessels become damaged. However, vision is usually not affected and treatment is not required.

The second and late stage, known as proliferative diabetic retinopathy, is a major cause of blindness in diabetics. 25 percent of Type 2 patients may have this form of retinopathy after 25 years. At this stage, new and abnormal fragile blood vessels are formed. They bleed easily and result in leakage of blood inside the eye, known as vitreous haemorrhage. Over time, the vessels scar and pull the retina off the eye. This detachment leads to blindness.

Diabetic retinopathy is treated with laser photocoagulation and vitrectomy. The earlier the treatment, the better the outcome.

There are two types of laser photocoagulation: focal laser coagulation and scatter laser photocoagulation. The first involves shining a laser beam on the retina to seal off abnormal blood vessels to stop leaking. In scatter laser

photocoagulation, also called pan retinal photocoagulation (PRP), burns are made on the whole retina. This prevents new vessels from growing and reduces the risk of blindness from vitreous haemorrhage or detachment of the retina. It only works before significant bleeding or detachment has occurred, and can also be used to treat some kinds of glaucoma.

When vitreous haemorrhage or detachment of the retina has occurred, vitrectomy is recommended. In this operation, fine surgical instruments are used to remove the blood or repair retinal detachment from inside the eye to avert blindness.

Another vision-related complication of diabetes is diabetic maculopathy. Diabetic maculopathy affects the central part of the retina known as the macula, which controls central vision and allows us to see fine details. This may be caused by compromised blood flow or swelling, known as diabetic macular edema (DME). DME is the most common cause of diabetic maculopathy and is potentially sight-threatening.

DME must be treated immediately. Fortunately, treatment is usually effective at stopping and sometimes even reversing vision loss.

Cataracts and glaucoma

In addition to diabetic retinopathy and maculopathy, diabetics also face a heightened risk of developing cataracts and glaucoma.

A cataract is a clouding of the eye's lens that results in the blurring of vision. Diabetics are nearly twice as likely to develop cataracts as the general population. They also tend to develop the disease at an earlier age and degenerate faster.

Cataracts are treated using phacoemulsification, where a tiny cut is made on the cornea for the insertion of a small device. The device emits ultrasound waves to break up the cloudy lenses, which are then removed and a new, artificial lens is inserted.

Diabetics are 40 percent more likely to suffer from glaucoma than non-diabetics and the risk increases with age. Glaucoma occurs when pressure builds up in the eye, compressing the retina and optic nerve blood vessels – leading to irreversible vision loss.

There are many treatment options for diabetic patients with glaucoma, ranging from eye drops to laser treatment such as laser trabeculoplasty to reduce the pressure in the eye. Trabeculectomy is a surgical option that creates an opening in the white of the eye to drain excess eye fluid.

The future looks hopeful

Dr Cheng shared good news about a new type of drug that controls the vascular endothelial growth factor (VEGF), which stimulates the formation of blood vessels that contribute to both diabetic retinopathy and DME.

The relatively new treatment involves injecting a drug containing VEGF inhibitors or intraocular steroids directly into the eye. These drugs can slow the growth of new blood vessels, reduce the leakage of fluid into the macula and prevent further bleeding. They have become the treatment of choice for DME and some forms of retinopathy.



IN CONCLUSION

When it comes to diabetes, it takes a whole team to treat the whole person. Often, simply controlling glucose levels will have a beneficial effect on many of the organs that are directly or indirectly affected by diabetes.

As all of our contributors concurred, the sooner the condition is diagnosed, the better the treatment outcome. The only thing that is better than early detection is prevention.

Let us leave you with the Ministry of Health's war cry on diabetes – prevent, screen and control! 🇸🇬

Dr Goh Kian Peng
Endocrinologist
Saint-Julien Clinic for Diabetes
& Endocrinology
Medical Centre D #05-58

Dr Soon Chao Yang
Interventional Cardiologist
The Heart Doctors Clinic
Medical Centre D #05-56

Dr Stephen Chew Tec Huan
Senior Consultant Nephrologist
Stephen Chew Centre for Kidney
Disease and Hypertension Pte Ltd
Medical Centre D #05-53

Dr Jacob Cheng Yen Chuan
Director, Retinal Services
Eagle Eye Centre Pte Ltd
Medical Centre D #06-57/58/59/60/61/62

Source:
<https://www.healthhub.sg/live-healthy/1273/d-day-for-diabetes>
<https://www.singhealth.com.sg/rhs/keep-well/war-on-diabetes>

What's the Fuss About BPA?

You've probably noticed the words 'BPA-Free' on the packaging of baby bottles, sippy cups, teething rings and the like. You've probably also wondered – what exactly does it mean?



WHAT IS BPA?

BPA is short for a chemical called bisphenol A which has been used to make certain plastics and resins since the 1960s. It is commonly found in polycarbonate plastics and epoxy resins.

Polycarbonate plastics are often used in containers that store food and beverages. Epoxy resins are used to coat the insides of metal cans and containers, to prevent corrosion.

Many studies have shown that BPA can seep into food and liquids from containers made with BPA. Consumption of these contaminated foods and liquids has been linked to certain cancers, behavioural problems, changes in the brain and reproductive system, heart disease, kidney disease and diabetes.

The cumulative body of evidence against BPA is not yet considered conclusive, as trials have been done primarily on small animals. However, while limited human studies require more time to chart the long-term effects of exposure to BPA, it is always better to be safe than sorry.

WHAT YOU CAN DO

Reassuringly, Singapore authorities have already banned the use of BPA in all infant feeding bottles sold here. However, BPA can still be found in many other common storage containers, especially shiny plastic ones, and in most food cans.

In response to growing concerns over BPA, plastics manufacturers have developed substitutes such as BPS, or bisphenol S. Though once thought to be safe, they appear to act in a similar fashion to BPA and may pose similar risks.

To totally eliminate the risks associated with BPA and BPA substitutes, you should ideally eliminate plastics and aluminium cans from your life. However, practically speaking, that may not be possible.

Here are some fairly easy-to-follow precautions:

- If possible, exclusively breastfeed your baby for at least six months to one year
- Store expressed milk in glass bottles and transfer it to a BPA-free plastic bottle just before baby drinks it

- When baby is weaned, use glass bottles, stainless steel vessels, BPA-free disposable bottle liners or at the very least, BPA-free bottles
- Never place plastic containers in the microwave or dishwasher, since heat can cause them to leach BPA (or BPA substitutes)
- Limit your intake of canned, processed food and eat as much fresh food as possible
- Buy teething rings, pacifiers and toys made from natural non-toxic materials such as natural rubber, wood, bamboo and organic cotton

In general, plastic in any form is not fantastic – not for baby, mum, dad, the whole family or the planet. Have a BPA-free, worry-free life! 🌱

Sources:

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The First Trimester

#2 in a Series of
Extracts from the
Mount Alvernia
Hospital Mother and
Child Guidebook. Look
out for more in future
issues of MyAlvernia
magazine.

As an expectant mummy, especially if this is your first baby, you may be overwhelmed and confused by the many changes that your body goes through. However, understanding these changes can help you face each new day with a sense of wonder and anticipation. An obstetrician calculates pregnancy dates from the first day of the last menstrual period and assesses progress in terms of weeks. So let's take a virtual tour of this 40-week journey and find out what goes on with you and your baby during this adventure.

THE FIRST TRIMESTER

WEEK 1

MUMMY: This is the start of the menstrual period and the womb lining renews itself by shedding.

WEEK 2

BABY: Of the thousands of follicles that have been lying dormant in mummy's ovary, one little follicle carrying half of baby's genetic material now responds to the hormonal changes, rapidly growing and maturing.

MUMMY: The womb lining regenerates and gets 'plumped up' in anticipation of the arrival of baby.

WEEK 3

BABY: The matured egg extrudes from the ovary in the process of ovulation. That fastest swimming sperm carrying the other half of genetic material from daddy finds this egg and fertilisation occurs. Baby is now a cell that is dividing in mummy's fallopian tube while making its way towards the womb.

WEEK 4

BABY: The baby is now a clump of cells called the blastocyst that successfully finds a suitable spot in the womb and implants itself. The outer cells



become the placenta and derive blood supply from mummy's womb lining. The inner cells develop to become various parts of the baby.

MUMMY: Following successful conception, a large amount of progesterone is produced to support this pregnancy. You may start to feel different, experience some breast tenderness and engorgement. You may experience very light bleeding at this time, or the implantation bleed, which suggests menses, but the period does not come.

WEEK 5

BABY: The brain and the backbone begin to take shape. The external covering also changes, and the process of creating the placenta and the amniotic cavity (which will surround the placenta) begins.

MUMMY: You miss your period and start to feel unusually tired. The lower part of your tummy feels bloated. A home pregnancy test will announce the good news!

WEEK 6

BABY: The embryo now looks like a small 'alien'! A primitive heart starts to pump, and there is colour! Little buds that will become the arms and legs appear this week. The site for the eyes and ears become evident. On average, the baby measures about 3mm from the rump to the tip of the head.

MUMMY: If you do not believe the positive results from several home pregnancy kits, a visit to the doctor will confirm the pregnancy via the ultrasound scan!

Hormones are rising rapidly, and you may start to experience some nausea.

WEEK 7

BABY: By the end of this week, the basis for your baby's brain, blood and nervous systems are in place. Eyes, ears and mouth begin to form.

Tissues that will form the backbone and the abdominal muscles begin to develop.

The baby now measures 5mm to 7mm in crown to rump length.

MUMMY: Your doctor tells you the estimated date of delivery (EDD) and you can start planning for your baby's arrival!

WEEK 8

BABY: The baby's head takes shape and tiny dimples show the future location of the eyes and ears. Little rays on the limbs start to form and will become fingers and toes. The digestive system starts to develop. The tissue connecting the embryo to the uterus turns into an umbilical cord. Clusters of cells that will become the testes or ovaries appear.



WEEK 6

A primitive heart
starts to pump,
and there is colour!

WEEK 8

Little rays on the
limbs start to form
and will become
fingers and toes.

The crown to rump length is now 9mm to 14mm.

MUMMY: Your appetite is behaving strangely now. You may feel hungry but cannot seem to eat too much food. There may be unusual cravings for food you never thought you liked before. Some odours (like when your neighbour fries fish) are starting to bug you!

WEEK 9

BABY: Your baby now has reflexes and can move spontaneously. The thorax and abdomen are entirely formed. The lungs begin their development. The heart is now in the chest cavity and beats strongly.

The head is becoming more prominent. The eyes can be seen behind the closed membrane layer that will become the eyelids.

Fingers and toes are formed this week. Baby now measures 17mm to 22mm and weighs 2g.

MUMMY: Many of your relatives now know that you are pregnant, and everyone would offer advice! There are varied opinions... 'no pineapples or cold drinks', 'no more coffee!', 'eat more fish – it is brain food for the baby!' and the list goes on.

What are you to do? You already have difficulty with eating so many foods. It is essential that you take into consideration what your appetite allows you to eat. If there is no nausea or vomiting, you should start to focus on a good balanced diet. But if 'healthy food' only serves to induce vomiting, then it is not the time to be fussy about your nutrition. Remember that whatever you manage to hold down will be nutrition for your growing baby. The beneficial food for baby will not amount to much when it cannot be kept down!

WEEK 10

BABY: Your baby, which has been an embryo up until now, has become a foetus. Baby's framework is made up of cartilage. This week, the first bone cells begin to replace this cartilage. The bones for arms and legs begin to harden, and joints begin to form. The face and jaw are also formed. All of the vital organs are in place: heart, lungs, brain, and intestines. However, they are all still immature and will develop further. The genitalia begin to form.

Your baby now measures 3cm and weighs 3g.

MUMMY: Seeing your baby on the ultrasound scan is an emotional experience! Baby is starting to look like a 'little human', and you can start to make out little hands and feet! This little one is going to be yours for life, and that just makes all the discomfort of early pregnancy worthwhile. A possible test for chromosomal abnormality, the Noninvasive Prenatal Testing (NIPT), can be done by a simple maternal blood test at this juncture. This test will aim to exclude Down syndrome, Edward's syndrome, Patau syndrome and sex chromosome aneuploidy. You will also know in 10 working days if you are going to have a little boy or girl!

WEEK 11

BABY: Your baby will open his mouth for the first time. Salivary glands and vocal chords begin to form. The eyes are completely formed, but the membranes that will become the eyelids keep them covered still.

Hands and feet develop rapidly. The heart is beating strong at around 150 beats per minute.

Your baby now weighs about 10g.

MUMMY: The lower tummy feels increasingly full and bloated. Not being able to move your bowels daily makes it

worse. Your sleep is disturbed by these discomforts and frequent leg cramps.

Your doctor tells you that this is the time when the rapidly growing womb is now filling up the pelvis and exerting pressure on the bladder and bowel. Lots of women at this time unwittingly drink less water because they keep feeling the urge to pee. Do note that dehydration is one of the most common reasons for leg cramps.

WEEK 12

BABY: The brain is developing fast, and your baby's head is the biggest part of the body. All the organs, limbs and external genitalia are fully formed. Having completed organogenesis (formation of organs) also implies that baby is now less susceptible to external assaults like chemicals and drug exposure.



Your baby is now about 5cm from head to rump and 7.5cm if the expanding legs are taken into consideration.

MUMMY: Congratulations! You have reached the end of the first trimester and are definitely starting to feel less discomfort. You are less nervous as the doctor tells you that the pregnancy is now a lot more stable and the risk of miscarriage has significantly diminished.

A risk assessment for Down syndrome, called OSCAR, is usually performed at this time. Your doctor runs some blood tests and measures the baby's neck (nuchal translucency) to assess this risk. If NIPT was performed at 10 weeks, this would be usually unnecessary. ■

For information on Obstetrics & Gynaecology health care, treatment and services, please visit <https://mtalverniasg/maternity/maternity>

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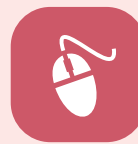
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Reference: 1. Huynh DTT, et al. J Matern Fetal Neonatal Med. 2017. DOI: 10.1080/14767058.2017.1320984.

†As of Nov 2017 for all maternal milk in Singapore.

*Comparison among all maternal milk in Singapore as of Nov 2017, as declared on the label. Most complete in terms of the total number of vitamins and minerals.

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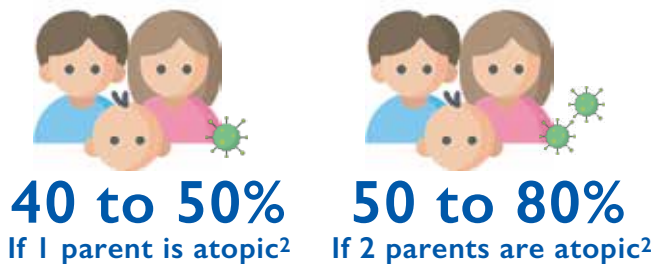
What is eczema?

Also called atopic dermatitis, it affects one child in five¹. The signs are usually unpleasant with redness, itching and dryness, but they are not contagious.

The quality of life and sleep for both parents and children can be improved with greater knowledge and understanding of this condition.

What causes eczema?

Probability of baby with eczema increases by



The main factor is genetic: if parents suffer from atopic eczema, rhinitis and asthma, their child has a higher risk of developing eczema.

Other factors include skin irritants, allergies, the environment, pollution and stress.

How to reduce signs of eczema from birth on?

There is no cure for eczema and the aim is prevention and control. Dermatologists recommend regular use of emollients or moisturisers, which is important in repairing the skin barrier. During eczema flare-ups, when red patches appear (dry or oozing), and itching becomes more severe, a physician may prescribe steroids to apply to these patches.

Some daily steps to reduce signs of eczema from birth on:



- Use mild, fragrance-free and soap-free cleansing products. You could also consider a nourishing bath oil.
- Keep the bath water warm between 35° and 37°C.
- Pat dry and avoid rubbing the skin when towelling.



- Use emollient cream or balm once or twice daily after bath to soothe and replenish the skin.
- Experts at Laboratoires Expanscience have discovered that daily application of an emollient right from birth on newborns with a family history can reduce the symptoms of atopic dermatitis by 33 to 50%³.
- Do not apply emollient to weeping or oozing lesions.



- Use natural fibres, like cotton, for dressing.
- Ventilate rooms and wash beddings regularly.
- Avoid fluffy toys and carpets in your child's room and keep the house 'dust-free'.
- Avoid giving your child allergy-causing foods, such as eggs and peanuts.

TRY IT!

You can try samples or purchase the Mustela Stelatopia range for eczema-prone skin at Mount Alvernia Retail Pharmacy.

Mustela Stelatopia® products are specifically designed to soothe and replenish atopic skin in babies and children.

The high-tolerance, hypoallergenic formulas contain patented natural ingredients Avocado Perseose® and Sunflower Oil Distillate.

Free from fragrances, parabens, phthalates, and phenoxyethanol. Clinically proven and tested under dermatological and paediatric control.



A photograph of a young couple, a woman and a man, both smiling and looking down at a newborn baby they are holding. The baby is wearing a pink hat and a white shirt. The woman is wearing a white lace top, and the man is wearing a pink shirt. The background is softly blurred, showing a white table and some flowers.

Sharing the Spotlight

Bringing a new baby home is a joyous occasion, but it can be marred by the emotional issues of first-born children struggling to come to terms with their changing world. Mrs Ang Yue Ying, Clinical Psychologist, Clarity Singapore, offers helpful advice on smoothing the way for the arrival of a younger sibling.

TELLTALE SIGNS

According to Yue Ying, the tell-tale signs of an older child's mixed feelings about a little brother or sister are typically only seen after the baby has been brought home.

These signs can include a noticeable increase in attention-seeking behaviour including emotional melt-downs, temper tantrums, defiant or opposing behaviour, clinginess, such as when the child frequently asks to be carried or fed; saying hurtful words like "I hate you" or "I don't want you"; and increased reassurance-seeking, such as when the child frequently asks questions like, "Do you still love me?".

When older siblings act up, they are usually expressing their natural and perfectly

understandable anxiety over the prospect of 'losing their parents' to their sibling. They are probably feeling confused as they may be unsure of what to expect, or what it means to them to have a sibling. When there is a sudden decrease in the attention they receive, coinciding with the arrival of a baby, or when adults make unfavourable comparisons, the child may feel unloved.

NO FIXED PATTERN

The behaviour of an older child and their attitude to the arrival of a baby varies from child to child, and largely depends on how well the parents have prepared them for the new addition to the family. Other factors include the age of the older child, and how effectively the parents are able to divide their attention between the older child and the baby.

In the best case scenario, an older child will look forward to having a new playmate, even though in reality they will have to wait a year or two for their baby brother or sister to become a walking, talking companion.

SAFETY: AN ADULT RESPONSIBILITY

When asked how real is the risk of an older child deliberately harming a younger sibling, Yue Ying stressed that a child's behaviour is greatly influenced by their environment – that is, it is learned.

An older sibling may be more inclined to show aggression towards the younger sibling if they have been exposed to aggressive behaviour such as parents often hitting their children, domestic violence, watching violent TV programmes and so on.

Needless to say, children should always be vigilantly supervised by adults to ensure their safety.

An older sibling may be more inclined to show aggression towards the younger sibling if they have been exposed to aggressive behaviour such as parents often hitting their children, domestic violence, watching violent TV programmes and so on.

STRATEGIES FOR PREPARING AN ONLY CHILD FOR A SIBLING

Yue Ying shared these guidelines for preparing an older child for the arrival of a baby.

Start early. Tell them what they can expect and not expect. Provide reassurances of love, using analogies that are easily understood by young children.

Involve the older child in the care of the younger sibling. For example, ask the older sibling to give the baby a hug, fetch a diaper or toy, and so on. Be sure to praise them for their help.

Ignore minor incidents of attention-seeking behaviour. However, never ignore the child.

Encourage the older child to put their thoughts and feelings into words.

In addition, expecting parents can take the opportunity to teach their only child pro-social behaviour like sharing. This will stand the child in good stead in the classroom, in the playground and in later life.

Finally, parents should be open to seeking help from professionals. You don't have to 'know it all'. ■

Why Same-Sex Siblings Clash



Evidence shows that siblings of the same gender tend to experience more sibling rivalry than siblings of the opposite gender. Experts believe that this has less to do with the actual gender of the siblings than it does with other aspects of the situation. For example, siblings of the same gender are often required to share a bedroom. They may often feel as though they have little or no personal space, and blame it on their sibling.

Hence it is very important to ensure that each child is acknowledged and treated as an individual. Children need to forge their own identity, form their own friends, and have their personal space and property protected.

Source:
<https://www.singhealth.com.sg/patient-care/conditions-treatments/sibling-rivalry-growing-up>

Mrs Ang Yue Ying
Clinical Psychologist
Clarity Singapore, Medical Centre B #01-21





Understanding Paediatric Health

The smaller bodies of infants and children are physiologically different from those of adults. Hence treating children often requires a different approach to treating adults. Here are some of the areas where paediatric health care differs significantly from adult health care.

IMMUNISATION

This is a simple, safe and effective way of protecting children from diseases that can cause serious illnesses and sometimes death.

Infections in children can start right from birth. Though there are some antibodies that do cross the placenta, the protection they provide is usually inadequate and most of the important antibodies for infants and young children are very low in mothers. Furthermore, the immune system in young children does not work as well as in older children and adults due to its immaturity. Therefore, more frequent doses of vaccines are often needed.

The protective effect of some immunisations can last up to 30 years while others are required to be

administered more often. For example, the influenza immunisation is required annually due to frequent changes of the influenza virus circulating in the community. Booster doses are also needed for some vaccines because immunity decreases over time.



Scan for details of the
National Childhood
Immunisation Schedule

FEVER

Generally, when using the axillary method (under the armpit) to take children's temperatures, 37.5 degrees Celsius is considered a fever but when measuring from the ears, 38 degrees Celsius is considered a fever. However, there are variations to these guidelines, depending on the time of day and the activity your child is engaged in before checking his/her temperature.

The most common cause of fever is infection such as a throat, lung or tummy infection. In newborns, fever can also be caused by poor feeding that leads to dehydration and overwrapping with thick blankets in a non-air conditioned environment.

In rare cases, metabolic disorders and even cardiac failure that leads to breathing problems can cause fever.

TIP FOR GROWNUPS

Keep a thermometer at home to monitor your children's temperatures even after having seen a doctor and taken their prescribed medications. Put them in a cool, comfortable environment such as in an air-conditioned room that is not too cold. Do not overwrap them with blankets. You can try sponging them with room temperature water under the arms, on the stomach, in the groin and behind the neck.

DIARRHOEA

Diarrhoea is defined as the frequent passage of loose watery stools. If babies are breastfed or given expressed breast milk, it is normal for the stools to be somewhat loose and watery. They are only considered to have diarrhoea if their stools are looser than the usual consistency or if there is blood in the stools.

Diarrhoea is usually caused by a viral or bacterial infection. Sometimes babies have loose stools when they are on antibiotics. Teething does not cause diarrhoea. If they do have diarrhoea when they are teething, it is usually due to a mild infection caused by them putting things into their mouths.

Diarrhoea can be accompanied by fever, vomiting and bloody stools. All these symptoms are red flags, and medical attention should be sought. Babies should also be monitored for their fluid intake during the illness.

Children may have a poor appetite and tummy pain when they have diarrhoea. Once they pass motion, they may experience some relief but the pain will often return in a short while. At this stage, fluid intake is more important than eating solids. Smaller than usual amounts of fluids should be given at shorter than usual intervals, say 60 to 100ml every half-hourly to hourly. The fluids may be in the form of oral rehydrate solutions, or isotonic drinks for older children. For infants, boiled rice water is a good alternative.

If your children are below 6 months old, you should bring them to see a doctor. Older children can be observed for one or two days to ensure that they are feeding well without fever, vomiting and bloody stools.

TIP FOR GROWNUPS

Reduce your children's intake of vegetables and fruits during the acute phase of diarrhoea. Simple foods like porridge and bread are good, but give half the usual portion at more frequent intervals.

COMMON SKIN PROBLEMS

Cradle cap appears as dry, flaky, yellowish dandruff-like, scaly patches over the scalp and sometimes over the eyebrows of babies. It usually starts after they are a month old and may last for a few weeks or months. It is not itchy and does not disturb them.

Applying some olive oil or baby oil onto the affected areas for about 10 to 20 minutes (depending on how thick the accumulation is) helps in softening the plaques. Gentle shampooing and massaging the plaques will loosen them and eventually remove the plaques. It is important not to use too much force as this might lead to abrasions. The other thing to note is that the plaques may recur but will eventually disappear.

Pimples or bumps on the cheeks and face of most newborns usually start when they are about two to three weeks old. These may extend to the forehead, scalp and even around the ears. They may worsen when babies are hot and fussy or when their skins are irritated by saliva, spit milk or even friction from clothes.

Do not apply any creams or use any acne wash. Simply washing babies' faces with cool water will reduce the rashes.

Rashes are common in many newborns and often appear soon after birth. These appear as red patches of various shapes and sizes with tiny white or yellow heads in the centre. They are harmless and usually resolve within one to two weeks.

Typically, the rash moves from place to place till it eventually completely resolves. If the rashes have pus-filled blisters, there might be a skin infection and medical attention is required.

Atopic eczema or dermatitis is another common skin condition that often occurs in childhood. The skin may be dry, itchy and

red. This commonly occurs over flexural areas such as the neck, elbows and the backs of the knees, but just about any part of the body may be affected.

Avoid scratching and rubbing the skin as this will aggravate the eczema and make the skin redder and more inflamed. This can also lead to breaks and cracks in the skin, which can then predispose it to bacterial infection.

TIP FOR GROWNUPS

Use gentle soap or soap substitutes when bathing your children, and always moisturise.

CHILDHOOD OBESITY RISKS

Obesity and a sedentary lifestyle increase the risk of Type 2 diabetes. This chronic condition affects the way the body uses sugar (glucose).

A poor diet can cause children to develop either high cholesterol or high blood pressure or both. These conditions can contribute to the build-up of plaque in the arteries. This causes the arteries to narrow and harden, which can lead to a heart attack or stroke in later life.

Childhood obesity may cause obstructive sleep apnoea, a potentially serious disorder in which children's breathing repeatedly starts and stops during sleep.

Furthermore, obese children tend to have a high risk of developing asthma. Unless the cycle is broken, overweight children become overweight adults. ■

TIP FOR GROWNUPS

Nip childhood obesity in the bud to save your children from becoming obese adults at a higher risk of many potentially life-threatening diseases. Lead by example – eat well and exercise regularly.



Wrapping Your Head Around Parkinson's Disease

A neurological condition that affects an estimated 17,000 patients in Singapore* and 6 million patients worldwide, Parkinson's disease is currently incurable yet manageable. Dr Charles Siow, Consultant Neurologist, Siow Neurology Headache and Pain Centre, explains the symptoms, the risk factors and the treatment.

SYMPTOMS AND SIGNS

People with Parkinson's disease experience problems with movement due to a deterioration in, or damage to, a part of the brain called the substantia nigra. This results in a lack of a chemical called dopamine, the neurotransmitter that coordinates movement.

Common symptoms of Parkinson's disease are tremors, stiffness in the limbs and slowness in movement. Patients are prone to falls which may result in fractures. They can also experience difficulties in swallowing, which can lead to aspiration pneumonia when food, stomach acid or saliva is inhaled into the lungs.

“Diagnosis is based on detecting the presence of these symptoms. The disease is gradual, so its symptoms will worsen over time if left untreated.”

Other common signs include an expressionless face, a softer voice, drooling and a progression to increasingly smaller and cramped handwriting.

“There is no simple test for Parkinson's disease,” explained Dr Siow. “Diagnosis is based on detecting the presence of these symptoms. The disease is gradual, so its symptoms will worsen over time if left untreated.”

WHO IS AT RISK

Apart from head trauma, which explains why there is a higher incidence of Parkinson's disease among people who play contact sports and military veterans,



the underlying causes of Parkinson's disease are not yet fully understood. However, age and gender are two unalterable risk factors.

While most patients' symptoms become apparent at the age of around 60 years or later, five to 10 percent of cases appear earlier. These cases are known as early onset Parkinson's disease.

It appears that men are up to 50 percent likelier than women to develop Parkinson's disease. Caucasians are most likely to develop it than other races, and 15 percent of diagnosed patients have a close relative with the disease.

TREATMENT AND MANAGEMENT

Parkinson's disease is mostly treated by various types of oral medications under medical supervision.

Sometimes, symptoms can be treated with deep brain stimulation (DBS). In this reversible procedure, small electrodes are surgically inserted into the brain and connected to a stimulator device that is placed under the skin on the chest. It can help reduce tremors, slowness, stiffness and the associated problems with mobility.

NEW SOURCES OF HOPE

The newest treatment for Parkinson's disease is called focused ultrasound. A relatively simple, painless and incision-free procedure, it uses focused ultrasound waves to destroy targeted brain cells that cause movement problems.

"For patients with tremors that do not seem to be responding to prescribed medication, this procedure is sometimes recommended," shared Dr Siow. "It is usually a one-time procedure that produces an immediate improvement, though not a cure."

The good news is, researchers around the world are relentlessly working on deepening their understanding of Parkinson's disease, which is the second most common neurodegenerative disorder after Alzheimer's disease. Some trials have suggested links between the disease and exposure to certain chemicals and metals.

As with all diseases, every leap of understanding brings medical science one step closer to a cure. ■

Clues to a Cure

Researchers have detected many changes in the brains of people with Parkinson's disease, although it is not yet clear why these changes occur. They include:



The presence of Lewy bodies. Clumps of specific substances within brain cells are microscopic markers of Parkinson's disease. These are called Lewy bodies, and researchers believe these Lewy bodies hold an important clue to the cause of Parkinson's disease.

Alpha-synuclein is found within Lewy bodies. Although many substances are found within Lewy bodies, scientists believe an important one is the natural and widespread protein called alpha-synuclein (a-synuclein). It is found in all Lewy bodies in a clumped form that cells cannot break down. This is currently an important focus among Parkinson's disease researchers.

Sources:

*Ministry of Health figures

<https://www.singhealth.com.sg/patient-care/conditions-treatments/parkinson-disease-and-movement-disorders>

<https://www.mayoclinic.org/diseases-conditions/parkinsons-disease/symptoms-causes/syc-20376055>

Dr Charles Siow
Consultant Neurologist
Siow Neurology Headache and Pain Centre,
Medical Centre D #08-59

Ode to My Mother and Father

by Anthony Goh

In traditional Chinese families, certain expectations are often attached to the roles of father and mother. My family was jointly headed by both my parents in a true partnership of equals.

NO STRANGERS TO HARDSHIP

My parents survived World War 1 in 1918 and the Great Depression of 1929. With my nine siblings and I, they lived through World War 2 in dire conditions, surrounded by disease and death. Like all wartime babies, we were sickly and malnourished. Five siblings who were born after me all died in their infancy, between 1939 and 1945.

It was an unspoken understanding in our family that Dad was the disciplinarian and Mum was the patient caregiver and source of unconditional love. Each had their own distinct role to perform.

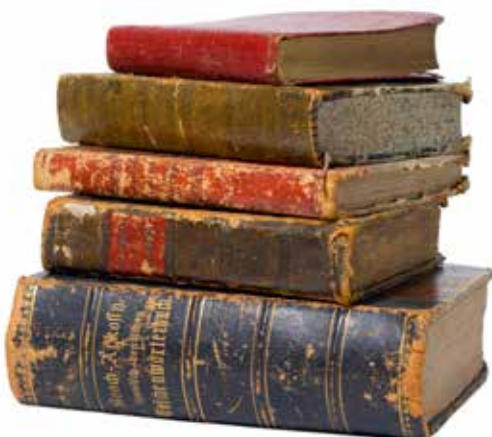
We tested Mum's patience on a daily basis and when pushed beyond her limits she

would complain to Dad about us. On those occasions, we knew we were in for tough discipline, and philosophically accepted the consequences of our actions. Dad never spared the rod when it came to us lying and skipping homework.

A WEALTH OF WISDOM

Both my parents were abjectly poor, but rich in wisdom and stories. They led by example, and their words always matched their deeds.

I recall an endless procession of neighbours dropping in for a chat. Among them were a humble trishaw driver, a shop assistant, a petrol pump attendant, a taxi driver, a bus conductor and several



hawkers. While they were drawn to Dad's anecdotes and often sought his advice, he greatly admired their deeply ingrained work ethic. Dad treated them as his equals in every way, and their children became our friends and playmates. To my mum, good neighbours were as precious as gold.

THE VALUE OF HARD WORK

As we grew up, Dad taught us the principles of hard work, truthfulness, service, love, honesty and loyalty. His oft-repeated credo was – "Work harder than you are paid to work, and always leave credits behind. Be conscientious, responsible and dependable and you will always be in demand."

He told us Aesop's fable of 'The Grasshopper and the Ant' over and over again; and taught us to sing '(If at First You Don't Succeed) Try, Try Again'. He also told us inspiring stories of heroes from Chinese history and mythology.

I vividly recall one particular story about a young slave by the name of Yin Yi, who rose to become a cook for the Emperor and Empress of the Zhang Dynasty. Yin Yi read a lot to improve his knowledge and skill at cooking. The Emperor was so impressed by the results of Yin Yi's campaign of self-improvement that he made him a Minister of China. The moral of the story was that we all have a chance of becoming a 'big man' when we grow up. In my Dad's words – we should all believe in ourselves. Even at my advanced age, I still believe in the infinite possibilities of life.

As early as my primary school days, I took Dad's advice to heart regarding the value of hard work. My daily allowance of ten cents was just enough to take the Punggol bus to and from school, leaving no money for lunch. Instead of loitering with classmates at recess time, I earned my lunch by collecting used bowls for the school hawker. In return, he gave me a free bowl of noodle soup. Mum and Dad approved of

my initiative and assured me that while life was bitter then, with hard work and studies it would be sweeter when I grew up.

A LEADER AND A TEACHER

During the Japanese occupation of Singapore, my father was appointed by the Japanese Army as the civilian officer in charge of the St. Joseph's Lane village where we lived. He was also made responsible for food distribution, which he discharged with fairness and integrity. He, and we, remain proud of the fact that nobody was arrested on his watch.

"Work harder than you are paid to work, and always leave credits behind. Be conscientious, responsible and dependable and you will always be in demand."

At the same time, Mum was taking care of us while serving as a Catholic prayer group leader and looking after two infants from a rich family. At one point, she also worked as a cleaner in a Church, five or six kilometres away from our home. Despite her heavy workload, Mum's compassion for our poorer neighbours never wavered. When an itinerant hawker died on the job, Mum clothed him with Dad's old clothes and called for the black ambulance to ferry him to the mortuary.

Upon graduating, I became the first person in my family to attain O-levels. Inspired by the story of Yin Yi, I took to books and immersed myself in self-learning.

I also took a two-year sabbatical during which I shadowed my Dad as he went about his work at a Japanese shipping company. I looked, listened and learned as he interacted with clients of all races. During that time, he also brought me to the 'Rubber Sports Club' in Robinsons Road and the 'Chinese millionaires' club' at Chinatown. There, I closely observed the behaviour and networking of highly successful people.

In the course of that eye-opening sabbatical, my father introduced me to an Indian commodity trader, in whose company I worked for a year. From on-the-job-training during those two years with my Dad and in the course of my subsequent year-long 'crash course' in trading, I learned much that has stood me in good stead throughout my working life.

COURAGE AND GRACE TO THE END

When Dad was given two years to live after being diagnosed with colorectal and liver cancer, I took him with me on a trip to Japan to visit his friends and business associates. On the plane, he talked about his two cancers. He attributed his diseases to poor diet, smoking and drinking, and accepted responsibility for his own ill-health. There was no bitterness or self-pity.

ALWAYS A PARENT, EVER A CHILD

Today, as I enter my ninth decade, I still take heart in my parents' optimistic assurances of a sweeter life ahead. I cherish those values they lovingly instilled in me, and do my utmost to instil the same in my daughter. I can proudly say that she has heeded the value of hard work, and is excelling at university through a combination of what I like to believe is innate intelligence and good old-fashioned diligence.

I honour my mother and father, they are always with me. ■

The opinions expressed in this article are those of the author.

The Diabetic Menu



Planning meals for a diabetic member in the family delivers benefits for everyone at the table. Jacqueline Loh, Dietitian at Mount Alvernia Hospital, explains.

DEFINE 'DIABETIC-FRIENDLY'

A diabetic-friendly diet is essentially a healthy balanced diet. However, those with higher blood sugar levels need to be more mindful of the carbohydrate load and glycaemic index of their meals. Maintaining regular meal times is also important to avoid overlaps and spikes in blood sugar over the course of a day.

'Carbohydrate load' refers to how much carbohydrate is taken at a particular meal. In Singapore, we consume carbohydrates from a wide variety of foods such as bread, noodles, rice, beans and root vegetables, to name a few. Since hidden carbohydrates also exist in our gravies and sauces, it is important to be aware of all our sources of carbohydrates.

'Glycaemic index' (GI) refers to the rate at which food raises blood sugar. The higher the glycaemic index, the faster

the food raises blood sugar. As a rule of thumb, foods with a lower glycaemic index aid in controlling blood sugar spikes as they provide a slow release of blood

A diabetic-friendly diet is essentially a healthy balanced diet. However, those with higher blood sugar levels need to be more mindful of the carbohydrate load and glycaemic index of their meals.

sugar over time. Opting for lower-GI foods like wholemeal bread and brown rice or noodles to replace white bread or white rice helps to improve blood sugar control. Do bear in mind that fat also slows the digestion time. While a chocolate bar may also be considered low-GI, this does not necessarily make it a healthy choice. Another way to improve the GI of your meal is to include a generous portion of vegetables with your main meal.

DEALING WITH A DIAGNOSIS

When a family member is diagnosed with diabetes, it helps to educate the rest of the family on the consequences of diabetes and the benefits of making dietary changes. It is also a good idea to have an open discussion with the family to decide what areas of diet they are willing to change and identify those they can't live without. Being upfront about any changes made to the diet is encouraged as it avoids



misunderstandings. However there is no hard and fast rule, as family dynamics differ from household to household.

Above all, it is important not to isolate a diabetic family member during meal times. In general, avoid cooking a separate meal for them, or ordering food for the family that is not suitable for them. This kind of deprivation is likely to create a sense of dissatisfaction that could lead to poorer compliance with any future dietary changes that may be required.

SMALL CHANGES, POSITIVE GAINS

Good family support is a key factor in successful blood sugar control. Making small changes, such as using less oil during frying or having fewer snacks lying around the house, puts less strain on family members compared to making drastic, sweeping dietary changes. Other small but impactful steps include mixing brown and white rice to improve the palatability of a

meal, or swapping the morning beverage from a 3-in-1 coffee to one with low-fat or evaporated milk. Non-diabetic family members can always add sugar if they wish.

A complete ban on sweet treats is hard on everyone and besides, having a chocolate or a 'naughty' snack once a week is highly unlikely to cause uncontrolled blood sugar levels. Rather, it is wiser to focus on the frequency with which such foods are taken. If the frequency of consuming sweetened or deep fried foods is on the rise, whether due to festive periods or relaxed dietary control, family members should consider buying fewer snacks for home consumption.

Adopting healthier eating habits will not only help diabetics manage their condition, but benefit the whole family. If there is a history of diabetes in the family, a diabetic-friendly diet can delay or even prevent the onset of diabetes for individuals with predisposing risk factors. For the general population,

a more balanced diet can boost energy levels and reduce the risk of fatty liver and cardiovascular disease. And that's good news for everyone. ■

Healthy Hacks

Jacqueline recommends some simple measures for making popular dishes more diabetes-friendly.

COOKING AT HOME

- Avoid pre-packed sauces, which often contain large amounts of sugar, oil and salt.
- Flavour food with spices or naturally sweeter vegetables such as corn, carrot, pumpkin, onion and cabbage.



- When baking, use a lower-GI flour such as spelt or wholemeal flour; replace some or all sugar with apple sauce; and replace some or all oil with yogurt.

EATING OUT

- When eating out, avoid high-fat gravies such as meat gravy or curry sauce.
- Trim the fat off meat in dishes such as mixed rice, roast pork and duck rice.
- Request a bowl of clear soup to 'wash away' some of the oily gravy in certain dishes.

5 Days of Diabetic-Friendly Dinners

Jacqueline has given the thumbs-up to these five dinner menus, sourced from HealthHub by Ministry of Health.



Recipes Here



WEDNESDAY: ASIAN CUISINE

Appetiser	Soy Sauce Garlic Prawns
Side Dish	Healthy Fried Rice
Main Dish	Deity with Gourd and Fan
Dessert	Pisang Rai



MONDAY: ASIAN CUISINE

Appetiser	Asian Gazpacho
Side Dish	Wok-Fried Asparagus with Hon Shimeji Mushrooms
Main Dish	Brown Rice Bee Hoon and Yong Tau Foo
Dessert	Mango Tofu Pudding



THURSDAY: WESTERN CUISINE

Appetiser	French Bean and Yogurt Antipasti
Side Dish	Pearl Barley Risotto
Main Dish	Roasted Pork Loin with Honey and Mustard Sauce (Tip: go easy on the honey sauce!)
Dessert	Mocha Mousse with Strawberry Coulis



TUESDAY: INDIAN CUISINE

Appetiser	Carrot and Coriander Soup
Side Dish	Mint Peas Pulao
Main Dish	Tandoori Chicken
Dessert	Phalon Ki Chaat (Fresh Fruit Chaat)



FRIDAY: ASIAN CUISINE

Appetiser	Oyster Sesame Vegetable Rolls
Side Dish	Tomato in Saus Bawang Puteh
Main Dish	Brown Rice Chicken Congee
Dessert	Mixed Fruits with a Hint of Spice

Existing Health Conditions*

Should Not Stop You

Have you been denied protection due to existing health conditions*?

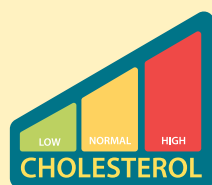
MyCoreCI Plan offers an all-in-one protection against major critical illnesses, diabetic conditions, total and permanent disability, terminal illness and death – even if you have Type 2 Diabetes, Pre-diabetes or the 3 Highs*.



1 in 9

Singaporeans are diabetic

Source: National Day Rally, 1 in 9 Singaporeans has diabetes; problem “very serious”, says PM Lee, Channel NewsAsia, 20 Aug 2017



1 in 3

have high cholesterol



1 in 5

have high blood pressure

Source: National population health survey 2016/2017, Ministry of Health and Health Promotion Board

* Refers to Type 2 Diabetes, Pre-diabetes or the 3 Highs (high blood pressure, high cholesterol, high Body Mass Index).
Terms and Conditions apply.

Find out how we can help you today!

Visit our booth at Mount Alvernia Hospital, next to the Business Office at Level 1 or scan QR code.



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How to Manage the Cost of Diabetes

Managing diabetes is not just about making lifestyle changes. You will have to be ready for the costs that come with it too. Here are the numbers to factor in your war against diabetes.

Diabetes is a real problem globally. Spreading through the affluent and emerging economies alike, it has been called the biggest epidemic of the 21st century. And with Singapore having the highest proportion of people with diabetes in the developed world, it could well become one of the most expensive diseases for us too.

Many people think of diabetes as simply an issue of high sugar levels. And because the disease is symptom-free, many people do not know they have it and those who do know they have it feel fine and so they do not take it seriously. In fact, high blood sugar levels can lead to heart disease, increased risk of stroke, blindness and clogged arteries that can lead to amputations.

In a bid to get citizens to recognise the impact of the disease, Prime Minister Lee Hsien Loong declared a war on diabetes during the 2017 National Day Rally. While diabetes usually affects people past the age of 40, with more patients in older age groups, it is also known to strike people as young as 18. But for all the alarm it is causing globally, this is one illness that can be managed so that it does not impair your quality of life or become a financial burden.

SO, HOW MUCH DOES DIABETES COST SINGAPORE?

In 2010, Singapore spent more than S\$1 billion on diabetes, a figure that is expected to climb past S\$2.5 billion by 2050¹. Of that amount, 42 percent is for medical treatment and the rest for indirect productivity-related losses.

While diabetes usually affects people past the age of 40, with more patients in older age groups, it is also known to strike people as young as 18.

AND HOW MUCH WILL IT COST AN INDIVIDUAL?

At the individual level, here is a rundown of potential expenses if you have diabetes.

Screening

Blood tests allow for the screening and detection of diabetes or pre-diabetes, which affects about 1 in 7 people in Singapore².

Cost: At polyclinics, hospitals and CHAS-participating clinics, a screening costs S\$5 or less with subsidy. If you go private, you will spend upwards of S\$50.

Medication

To help keep blood glucose levels in the healthy range, people with diabetes may need to take more than one type of medication, one to three times a day.

Cost: S\$0.06 to S\$6.26 per pill, according to the Pharmaceutical Society of Singapore. That is S\$21.90 to S\$2,285 a year (based on one daily dose of the cheapest and most expensive drugs respectively).

Insulin shots

When tablets are no longer effective or during certain periods like illness or surgery, insulin injections may be required on a daily basis or as otherwise prescribed by a doctor.

Cost: S\$7.69 to almost S\$120 per cartridge or vial of insulin.

Home blood glucose monitoring tools

Regular blood glucose monitoring is crucial for several reasons: ensuring your blood glucose level stays within the acceptable range, helping evaluate your current diabetes management strategies, and identifying diabetes complications such as hyperglycaemia, where blood sugar hits extremely high levels and can lead to emergencies such as a diabetic coma.

Cost: A complete kit with glucometer and 50 test strips could cost S\$75. Additional strips are about S\$30 per box of 25 strips. For almost daily tests, the cost of the strips with the glucometer could come up to S\$435 annually.

Regular check-ups

If you have diabetes, you will need to visit your doctor regularly, at least once in three months and more often if your diabetes is not well controlled.

Cost: S\$12.50 for a polyclinic visit, or S\$50 per year for four check-ups. If you go private, the cost could more than double.

Special diets

If you have diabetes, an important part of your action plan is a diet overhaul. This may include things like swapping white bread for wholemeal bread, brown rice for white rice and choosing leaner cuts of meat and healthier oils for cooking, such as olive or canola oil. As these healthier options tend to be dearer, you can expect your weekly marketing and food expenses to increase significantly.

Income loss

Income loss can occur due to unpaid leave for regular medical check-ups, hospitalisation or surgery. And should you have diabetes complications that require amputation of a limb, for instance, it could result in having to switch to a lower-paying job or stopping work altogether – on top of managing long-term care costs.

Other illnesses caused by diabetes

Unmanaged diabetes is often associated with complications such as blindness, heart disease, kidney failure, and if you're male, erectile dysfunction.

Every year in Singapore, poor management of diabetes results in serious complications³.



1 in 2 people who had a heart attack had diabetes



2 in 5 people who had stroke had diabetes



2 in 3 new kidney failure cases were due to diabetes

Cost: Such complications will require sophisticated treatment and hospitalisation. When a diabetes patient has severe kidney problems for instance, regular dialysis may be needed. This can easily cost S\$30,000 annually, without subsidy.

WHAT YOU CAN DO TO FIGHT DIABETES FINANCIALLY

Once you have diabetes or pre-diabetes, going for regular health screenings can be helpful in detecting problems before they become more advanced and hence, more costly.

Unless you have a huge surplus in your bank account that can adequately cover your medical and long-term care needs, it is also a good idea to review your insurance plans to ensure that you are adequately covered. ■

Sources:

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¹ Study: Cost of diabetes to Singapore to soar beyond \$2.5b, The Straits Times, 13 April 2016 © Singapore Press Holdings Limited. Extracted with permission

² Not just sugar: You might be eating your way to pre-diabetes and not even know it, Channel News Asia, 13 November 2018.

³ Health Facts Singapore, Ministry of Health, Singapore

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Siew Pei Heng
Born 26 September 2018



Meredith Jean Lee Xin En
Born 30 May 2019



Harvey James Ng Hanwei
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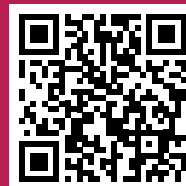


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- Full Blood Count
- Glycosylated Haemoglobin (HbA1C)
- Hepatitis A Screen
- Hepatitis Bs Antibody
- Hepatitis Bs Antigen
- HIV Screen
- Cholesterol Profile
- Diabetes (Glucose) Screen
- Kidney Function Test
- Liver Function Test
- Urine Microalbumin Creatinine Ratio
- Urine Analysis
- Stool Analysis (for Occult Blood)

RADIOLOGY

- Ultrasound Kidney

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