



ST PHOTO: MATTHIAS HO

**BIO
BOX**

Professor Ho Lai Yun

AGE: 65

OCCUPATION: Emeritus consultant at the department of neonatal and developmental medicine at Singapore General Hospital (SGH)

Prof Ho was instrumental in establishing neonatology as a subspecialty in paediatrics here, despite his desire not to follow in the footsteps of his elder brother, also a paediatrician and neonatologist.

The sixth of eight children and one of three sons who became doctors (another brother is a retired general practitioner), Prof Ho wanted to make his own mark.

As fate would have it, though, he kept getting tasked to work with child patients after graduating from medical school in 1973.

In 1986, he founded SGH's department of neonatology, which he headed until 2004.

He pioneered many important programmes in perinatal care, such as the birth-defects clinics, perinatal counselling services, multidisciplinary high-risk consultations, as well as a neonatal follow-up programme, ushering in a new era of collaboration with obstetricians.

He also initiated congenital hypothyroidism screening and neonatal hearing screening as early as 1990, both of which are now nationwide screening programmes.

Prof Ho is also known as the "Face of Touch" in Singapore, having taught Touch Therapy (infant massage) to encourage parent-infant bonding, in community clubs for years.

As vice-chairman of the Singapore Children's Society and the chairman of the Research and Advocacy Standing Committee until 2012, he conducted pioneering research on child abuse and neglect, as well as parenting practices in Singapore.

He was conferred the Henry C. Kempe Distinguished Career Award by the International Society for Prevention of Child Abuse and Neglect in 2008, an award given once in two years to an individual working in this field from any part of the world.

In 2010, he received the National Outstanding Clinician Mentor Award by the Ministry of Health for his contributions to continuing tertiary education and to the community in Singapore and the region, in his field.

He is married to a former journalist. They have three sons: a film-maker in his 30s, a medical resident and a medical student, both of whom are in their 20s.

Baby bloomer

Neonatologist Ho Lai Yun likens what he does to being a gardener. **Joan Chew** reports

I specialise in neonatology because...

Out of 40,000 babies born here each year, about three to five per cent of them are born prematurely or with an obvious medical condition which requires them to be seen by a neonatologist for special and intensive care.

Over the years, I have helped to correct several misconceptions, such as the belief that neonates (those born under 1.5kg and before 34 weeks) can be treated as if they were miniature adults, that they cannot be saved and, even if they were, they would be disabled.

Babies are fascinating because...

They grow up rapidly before your eyes, even though they seem delicate. It is as though they are flowers growing in a garden, but you do not make them grow faster by pulling them out of the soil.

One little known fact about neonates is...

Their skin is very thin, hence they are prone to infections and the loss of body heat.

It is why caregivers should always wash their hands before and after touching neonates, as well as before preparing their milk feeds.

Neonates should also be nursed in incubators to keep them warm.

Staphylococcus, a type of bacteria, is usually not harmful to adults. However, babies exposed to this bacteria from people who touch them can deteriorate very fast, with symptoms, such as rapid breathing or a bloated abdomen from an intestinal infection known as necrotising enterocolitis.

If I were to give an analogy for what I do, I would be...

A gardener in a nursery watching my flowers grow. Just as you do not add too much fertiliser to a plant, babies cannot be given too much milk or be fed too quickly. Caregivers should increase their feed by only 1cc each time to allow their small intestines time to tolerate the food.

A typical day for me...

Is non-existent because as a mentor, I have no fixed working hours, although I am usually in the hospital by 7.30am.

I no longer do routine ward rounds in the mornings, but spend a substantial amount of time teaching and attending meetings.

I spend three half-days at KK Women's and Children's Hospital attending to children with

developmental problems at the department of child development, formerly known as the Child Development Unit, which I founded in 1997.

Each week, I spend half a day at the Ministry of Health and one day teaching at the Duke-NUS Graduate Medical School.

I have come across all types of cases...

With the smallest baby weighing just 425g.

I have handled a baby who was more than 24 weeks old, but weighed lighter than 500g because he had intrauterine growth retardation (a condition where the baby stops growing in the womb and remains small for the period of pregnancy) – the result of his mother's kidney problems.

I remember another boy who weighed 1kg when he was born and was abandoned by his parents.

When he came to Singapore General Hospital to celebrate his 21st birthday, he was towering almost a head over me and stooped down so we could take a photo together.

I love patients...

Of all types. Babies, unlike adult patients, do not belong to a specific ward class.

I look after all of them, although understandably, I spend more time with the sicker ones.

Patients who get my goat are...

Difficult parents or grandparents who expect all babies to be born healthy and be smiling at them.

When I break bad news to them, they are in disbelief and angry,

questioning the medical team on why we did not take good care of their babies.

We then need to be empathetic and educate them on their babies' conditions, while trying our best not to delay treatment for the babies.

It breaks my heart when...

Babies take a turn for the worse, even though they may have been doing well earlier. They may suddenly bleed in the brain or develop necrotising enterocolitis.

I wouldn't trade places for the world because...

Being a neonatologist is the only thing I have been trained to do, although I have never thought of it as a lucrative job.

Sick babies used to be left to die, but they now have good outcomes because of medical advancements and greater knowledge of how to care for them.

My best tip...

Is for parents to be actively involved in the care of their babies.

Breast milk is something which mothers can provide that no nurse is able to, so we have been encouraging fathers to deliver their wives' breast milk to the hospital.

We also encourage parents to come to the hospital any time – not restricted to visiting hours – to touch their babies.

Babies have a way of identifying with faces and odours, hence we also have cameras attached to their incubators, so parents can go online to see them when they are not in the hospital.

joanchew@sph.com.sg