



MAG 26

MEMBER GUIDE

Maternity Guide

GEMS always strives to provide members with access to excellent, comprehensive, and affordable healthcare.

DISCOVER THE
BRILLIANCE
OF
GEMS



Table of Contents

All links can be clicked to access the information.

	Glossary of Medical Terms	01
	Message from the Chief Operations Officer	03
	Your Maternity Journey at a Glance	07
	Understanding Your Benefits	12
	Your Care Team: Who Does What	18
	Understanding the GEMS Doctor and Hospital Network	20
	Your Pregnancy by Trimester	26
	Birth and Delivery Options	33
	After Baby Arrives (Postnatal Care)	39
	Nutrition and Wellness	43
	Chronic Conditions in Pregnancy	48
	Postnatal Recovery Tips and Warning Signs	53
	General FAQs	55
	Useful Resources	57
	GEMS Forms	58
	Get In Touch	60

01

Glossary of Medical Terms

The following terms are listed in alphabetical order to help you understand your maternity benefits and communications from GEMS.

Clinical motivation or supporting medical document

A supporting medical document is an official letter or report provided by a healthcare professional that explains and justifies the medical care a patient needs.

Co-payment

A co-payment is an amount that you, as a member, must pay directly to the healthcare provider at the time of service. Co-payments are applicable for different reasons. It is usually a fixed percentage or a specific monetary value of the total cost of a medical expense. Co-payments can apply to various services, such as hospitalisation, use of a non-network pharmacy, specialist consultations, or certain medications.

Example: Co-payment for elective caesarean section.

Designated Service Provider (DSP)

A Designated Service Provider means a healthcare provider or group of providers selected by the medical scheme as the preferred provider or providers to provide to its members diagnosis, treatment and care in respect of one or more prescribed minimum benefit conditions.

Emergency medical condition

An emergency medical condition, or emergency, is the sudden and unexpected onset of a health condition that requires immediate medical and surgical treatment.

Formulary

A formulary is a list of medicines — both generic and original — that a medical aid scheme agrees to cover or reimburse. It represents the Scheme's preferred list of medications, which are considered safe, effective, and cost-efficient for treating various conditions (e.g., the GEMS Maternity Vitamin Formulary).

ICD-10 code

A clinical code that describes and classifies a diagnosis or disease in a standardised format.

Examples of pregnancy-related ICD-10 codes:

- Z34.9 – Supervision of normal pregnancy, unspecified.
- Z35.5 – Supervision of elderly first-time pregnancy (mother 35+).

Prescribed Minimum Benefit (PMB)

In South Africa, Prescribed Minimum Benefits (PMBs) are a set of minimum medical services and treatments that medical schemes are legally required to cover, in terms of the Medical Schemes Act of 1998 (Act No. 131 of 1998) and its Regulations.

PMBs ensure that members have access to essential healthcare services. All medical schemes must cover the costs related to the diagnosis, treatment and care of:

- An emergency medical condition
- A defined list of 271 diagnoses
- A defined list of 27 chronic conditions.

There are rules defined by the Council for Medical Schemes (CMS) that apply when accessing PMBs:

- Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit conditions
- The treatment needed must match the treatments in the defined benefits
- You must use Designated Service Providers (DSPs) in your options network, where applicable, except in the case of an emergency.

Shortfall

Shortfalls occur when the healthcare provider charges more than the set tariff amount covered by GEMS. In other words, it is the difference between what the provider charges and what GEMS pays for.

Tariff code (procedure code)

The code for the service performed (e.g., a scan, blood test, consultation). Tariff = what was done; ICD-10 = why it was done.

02

Message from the Chief Operations Officer

GEMS: Quality care, clear guidance, trusted support

Congratulations on your pregnancy and welcome to the GEMS Maternity Programme! We wish you a healthy, happy, and positive journey as you prepare to welcome your new baby.

Pregnancy is one of life's most meaningful experiences and at GEMS we believe every expectant mother deserves quality care, clear information, and dependable support. The GEMS Maternity Programme is a comprehensive support programme available to eligible members and dependants, designed to guide you through pregnancy, birth and the post-natal period.

The programme brings together clinical expertise, personalised care management, and member education to support you throughout your maternity journey. From early pregnancy through to your baby's arrival, GEMS provides reassurance, guidance and care ensuring that you have access to appropriate benefits and ongoing support tailored to your needs when you need it the most.

Led by experienced, registered nursing sisters with midwifery qualifications, the GEMS Maternity Programme reflects our commitment to supporting healthier pregnancies, positive birth experiences, and confident new parents. We encourage you to make full use of the programme's resources and support services and to partner with us in creating the best possible outcomes for you and your baby.

Pregnancy is a time of hope, preparation and discovery. With GEMS by your side, you are never alone whether you have medical questions, emotional concerns or simply want to understand your benefits better. We wish you a safe and healthy pregnancy journey filled with care, confidence and joy. Welcome to the GEMS Maternity Programme, where your wellbeing and your baby's health come first.



Dr Vuyo Gqola
GEMS Chief Operations Officer

What to Expect from This Guide

This guide has been carefully designed to help you:



About the GEMS Maternity Programme

When you register on GEMS Maternity Programme, you are automatically connected to a dedicated GEMS midwife who will guide you throughout your pregnancy.

You will also have access to:



Regular telephonic check-ins conducted by trained midwives — one structured call per trimester to monitor progress, discuss any concerns, and provide guidance on maternal health and wellbeing.



A vitamin formulary and nutritional guidance to promote healthy eating habits throughout pregnancy.



A maternity bag provided from 27 weeks of pregnancy.



Postnatal follow-up support for up to six weeks after delivery to ensure a smooth recovery and adjustment.



Psychosocial counselling to support emotional and mental wellbeing during pregnancy and after birth.

Registration is simple and free — just contact us through any of the options in the How to Reach Us section on page 6.



How to Reach Us (Fast Facts)

Service	Details
Maternity Programme Helpline	0800 00 4367 (toll-free)
Email	maternity@gems.gov.za
WhatsApp	063 790 7641
Website	www.gems.gov.za
Emergency Medical Services (EMS)	0800 44 4367 (toll-free)
GEMS Member App	Download from Google Play, App Store or Huawei AppGallery
Postal Address	GEMS, Private Bag X782, Cape Town, 8000

Tip: Once registered, save the GEMS WhatsApp number to your contacts for easy access to support during your pregnancy.

Digital Access Made Simple

You can manage your maternity journey conveniently online.



Through the GEMS Member App or Member Portal, you can:

- Register for the Maternity Programme
- Check your benefit usage and claims
- Update your details or add your baby once born
- Download your maternity care plan and vitamin formulary
- Access educational videos and FAQs

03

Your Maternity Journey at a Glance

Your pregnancy journey is a unique and life-changing experience. While every woman's path to motherhood is different, the GEMS Maternity Programme ensures that you receive the right care and support at every stage — from the moment your pregnancy is confirmed to the weeks after your baby's birth.

This section gives you a bird's-eye view of what to expect, what to do and when to do it. Keep your printed Maternity Handbook close by — it's your quick-reference companion to this guide for milestones, appointments, and benefits.

Step-by-Step Journey



STEP 1 Confirm Your Pregnancy

What to do: Visit your General Practitioner (GP) or midwife to confirm your pregnancy and get a referral for antenatal care.

Support from GEMS: Once confirmed, your doctor can assist you with registering on the GEMS Maternity Programme.



STEP 2 Register Early

What to do: Register as soon as your pregnancy is confirmed, preferably within the first 12 weeks of pregnancy — to unlock your maternity benefits.

Support from GEMS: Call 0800 00 4367 (toll-free), WhatsApp 063 790 7641, or visit www.gems.gov.za to register. Once registered, you will receive a welcome pack and pregnancy handbook.



STEP 3 Meet Your GEMS Midwife

What to do: A dedicated GEMS midwife will contact you for an initial health risk assessment.

Support from GEMS: You will receive trimester-based follow-up calls for support and advice and more frequent check-ins if you are high-risk.



STEP 4 Start Your Antenatal Visits

What to do: Schedule and attend antenatal visits as per your Maternity Care Plan that's included in your welcome pack.

Support from GEMS: GEMS covers consultations, scans, blood tests and vitamin supplements according to your GEMS option.



STEP 5 Focus on Your Wellbeing

What to do: Begin prenatal vitamins, maintain healthy nutrition and stay active with safe exercise.

Support from GEMS: Access the GEMS Vitamin Formulary and nutritional support from the midwife through the Maternity Programme.



STEP 6 Plan for Delivery

What to do: From 27 weeks, book your hospital bed and get pre-authorisation for delivery.

Support from GEMS: Your GEMS midwife and doctor will guide you through the process. You will also receive your GEMS maternity bag around this time.



STEP 7 Welcome Your Baby

What to do: Follow your agreed birthing plan and remain in contact with your healthcare team.

Support from GEMS: Care is provided in line with the Scheme's Rules and managed care protocols, covering normal delivery or Caesarean section according to your approved benefits and network requirements.



STEP 8 Postnatal Support

What to do: Attend your six-week postnatal check-up and register your baby as a dependant within 60 days of birth.

Support from GEMS: Continue to receive postnatal calls and psychosocial counselling for up to 6 months post birth.

Checklist for Key Milestones

Use this quick checklist to stay on track throughout your pregnancy:

Weeks 0 - 12

T1

- Confirm your pregnancy with your doctor.
- Register on the GEMS Maternity Programme.
- Start your prenatal vitamins.
- Book your first antenatal visit.

Weeks 13 – 26

T2

- Attend scheduled antenatal check-ups.
- Review your maternity benefits with your doctor.
- Access dietician and psychosocial support if needed.
- Discuss your birth preferences early.

Weeks 27 – 40

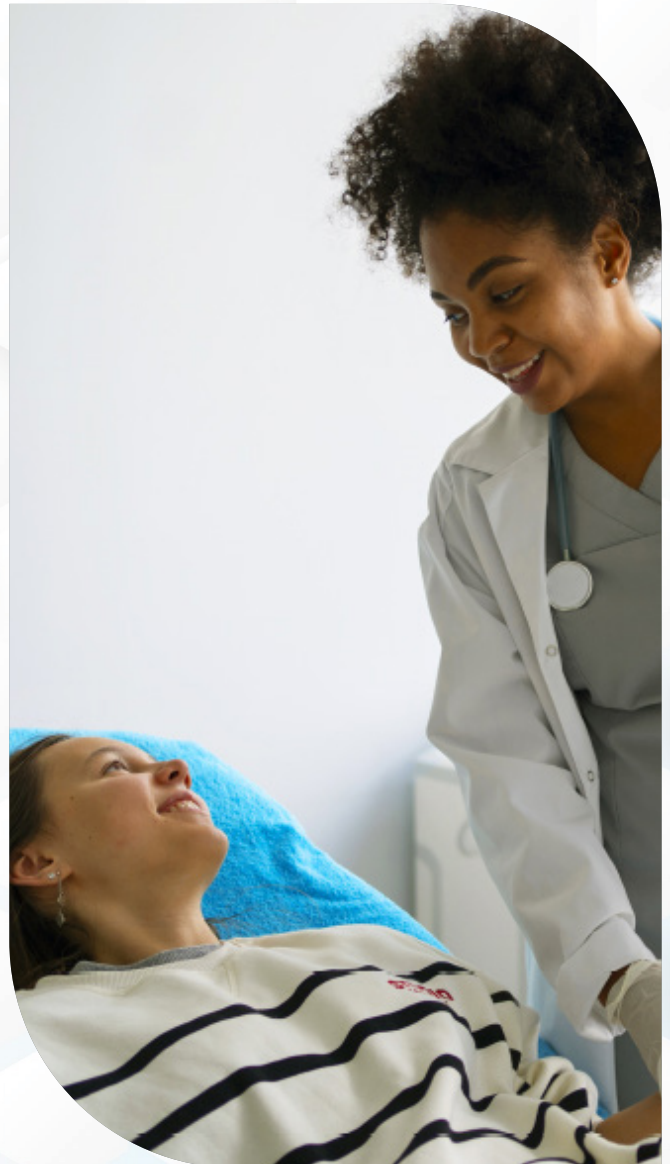
T3

- Book your hospital bed and get pre-authorisation.
- Receive your maternity bag (from 27 weeks).
- Finalise your birth plan with your doctor or midwife.
- Prepare your hospital and baby bags.

After Birth

AB

- Register your baby as a GEMS dependant within 60 days.
- Attend your postnatal six-week check-up.
- Access immunisation benefits for your baby.
- Reach out for psychosocial or lactation support if needed.



Your Rights and Responsibilities as a Member

Your Rights:

- To receive quality, compassionate care during your pregnancy and after your baby's birth.
- To be informed of your benefits and your right to choose a registered GEMS network provider.
- To receive emotional, nutritional and clinical support as part of your maternity journey.

Your Responsibilities:

- To register early on the programme. (Before 12 weeks).
- To attend all antenatal and postnatal visits.
- To follow your prescribed treatment and vitamin plan.
- To update GEMS when your baby is born.

Your Digital Companion

Manage your entire maternity journey easily through the GEMS Member App or Online Portal. With just a few taps, you can:

- View your maternity benefits and authorisation.
- Track your antenatal visits and claims.
- Access educational resources on pregnancy, nutrition and postnatal care.
- Chat with the maternity programme support team to assist you to locate a network doctor near you.

Who do I contact and when?

GEMS Member App/Call Centre:

- Registration, benefits, pre-authorisation, provider network.
- Hospital pre-authorisation: 0800 00 4367 (toll-free).
- Maternity Programme WhatsApp Line: 063 790 7641.

Postnatal:

Expect a GEMS midwife follow-up call and access ongoing psychosocial support for up to 6 months after birth.

Midwife/Clinic/Hospital:

Day-to-day care, red-flag symptoms, and birth planning.

When should I register on the GEMS Maternity Programme?

As soon as your pregnancy is confirmed — ideally in the 1st trimester. Early (before 12 weeks) registration unlocks the full care plan (scans, labs, trimester calls and vitamins).

What are the key benefits I can expect?

You can expect a clear and supportive maternity care plan that includes regular check-ups during pregnancy, two ultrasound scans at around 10–20 weeks and 20–24 weeks, routine blood and urine tests, pregnancy vitamins, emotional and psychosocial support, and a follow-up call with a midwife about six weeks after birth.

How do I avoid co-payments?

Always pre-authorise admissions/procedures, and use network hospitals and providers (GP/midwife/Obstetrician/Gynaecologist/anaesthetist/paediatrician). Get itemised quotes and keep your authorisation number handy.

What if my pregnancy is high-risk?

Your clinician can motivate for enhanced monitoring (e.g., specialist referrals, Non-Invasive Prenatal Testing (NIPT) if indicated) and more frequent midwife calls. Benefits are provided according to Scheme Rules and clinical need.



04

Understanding Your Benefits

Pregnancy is a beautiful journey, but it can also be filled with questions about what your GEMS benefit option covers and how to access your benefits. This section helps you clearly understand your GEMS Maternity Care Plan, how it supports you throughout your pregnancy and what steps you should take to make the most of your cover.

The goal is to ensure you feel informed, confident and supported, knowing exactly what services you are entitled to and how to use them effectively.

What the GEMS Maternity Care Plan Covers

Once you are registered on the GEMS Maternity Programme, your maternity benefits are activated. These benefits are designed to cover essential medical, nutritional and psychosocial services to support both you and your baby before, during and after birth.

GEMS Maternity Care Plan at a Glance (What's Covered)

Consultations

Members are entitled to a total of 9 antenatal consultations:

- 6 consultations with a GP or Midwife, and
- 3 consultations with a Gynaecologist or Obstetrician.
- If required, you may increase your Gynaecologist/Obstetrician consultations to 5 by using 2 consultations from your GP/Midwife allowance.

Scans

2 ultrasound scans:

- 10–20 weeks (with nuchal translucency assessment).
- 20–24 weeks (detailed anatomical assessment).
- 3D/4D scans are covered only up to the cost of a 2D scan; any additional amount is payable by you.

Blood Tests and Urinalysis

Haemoglobin/full blood count, Blood group and Rhesus, HIV, syphilis (VDRL), rubella (if indicated), plus a urine dipstick at each antenatal consultation — as per the care plan schedule.

Vitamins

Access to the GEMS Maternity Vitamin Formulary throughout pregnancy. The formulary list can be found on the GEMS website: **Formulary Lists – Government Employees Medical Scheme.**

Psychosocial Counselling

Telephonic psychosocial support during pregnancy and up to 6 months post-delivery.

High-Risk Pregnancy Support

Additional monitoring, Non-Invasive Prenatal Testing (NIPT) (where clinically indicated), specialist referrals and more frequent midwife calls (on motivation by your Gynaecologist/Obstetrician).

Postnatal Care

A telephonic follow-up call from a GEMS Midwife around 6 weeks post-delivery, plus ongoing telephonic counselling and breastfeeding advice where applicable.

Care Plan Schedule



Register on the GEMS Maternity Programme as soon as pregnancy is confirmed.



1st Trimester (12 weeks or less): 1–2 antenatal visits, baseline bloods, 1st scan (10–20 weeks).



2nd Trimester (13–26 weeks): scheduled visits, diabetes screening (24–28 weeks), 2nd scan (20–24 weeks).



3rd Trimester (27–40 weeks): ongoing visits, birth planning and midwife trimester call.



Postnatal (6 weeks or less): midwife follow-up call; psychosocial support continues up to 6 months postpartum.

Detailed Schedule with Tariff Codes (for admin/claims)

Tariff Code(s)	Description	Number of Services
0190/0191/0192/ 88420	GP/Midwife consultation: (up to 6 antenatal visits; up to 2 of these may be utilised for Gynaecologist visits per option rules)	6 (some options structure as 4 GP/Midwife and 2 Gynaecologist — confirm on pre-authorisation)
0190/0191/0192	Gynaecologist/Obstetrician: You have access to up to 3 consultations. If needed, you can increase this to 5 by using 2 consultations from your GP/Midwife consultation allowance.	Within total visit cap (confirm option motivation)
3615	2D Ultrasound: 10 to 20 weeks and nuchal translucency assessment (3D and 4D scans paid at 2D rate)	1
3617	2D Ultrasound: 20 to 24 weeks and detailed anatomical assessment (3D and 4D scans paid at 2D rate)	1
3755	Full blood count (FBC/Haemoglobin)	2
3764	Blood group with Rhesus	1
3932	HIV (ELISA or other HIV screening tests)	1
3949	VDRL (syphilis)	1
4188	Macroscopic urinalysis (dipstick): 1 per antenatal visit	9 (aligned to scheduled visits)
As per maternity vitamins list	Vitamin supplements script/formulary	9

How often/when: Tests and visits are performed as clinically indicated and aligned to your provider's care plan and pre-authorisation.



Co-Payments Explained

Scenario	Example	What You Pay
Elective C-section (not medically required — T1 authorisation request is declined)	Choosing a C-section for personal reasons rather than medical need.	R10 000 co-payment applies.
Usage of non-network hospital (Applies to the Hospital Network Options: Tanzanite One, Ruby and Emerald Value, where applicable.)	Delivering at a hospital that is not part of the GEMS network.	R15 000 co-payment applies.
Non-formulary medication or vitamins	Requesting medication not on the approved list.	Member pays the difference.

Note: If your doctor recommends a C-section for medical reasons, no co-payment will apply (Subject to Scheme Rules and managed care protocols). Always ensure pre-authorisation is obtained before hospital admission.



How Claims Work

Always use registered GEMS Network Providers:

Using a doctor or hospital that is part of the GEMS network ensures your claims are paid directly at the agreed Scheme rate. If you use a non-GEMS network provider, you will have to pay the difference.

Provide the correct ICD-10 code:

It is important that your healthcare provider uses the correct pregnancy-linked ICD-10 code.

How to submit a claim:

Most claims are submitted electronically by your provider. If you need to submit a claim yourself, email: claims@gems.gov.za or use the GEMS Member Portal.

If a claim is rejected:

Contact enquiries@gems.gov.za or call 0800 00 4367 (toll-free) to check the reason. If the claim was submitted with an incorrect ICD-10 code, ask your provider to correct and resubmit it.

Check Your Benefits



You can easily monitor and manage your maternity benefits using the GEMS Member App or by contacting the GEMS Claims call centre.

Through these channels, you can:

- Call the GEMS Claims call centre on the toll-free number 0800 00 4367 to check your maternity benefits, confirm benefit usage and track claim progress or payment status.
- Consult your Maternity Care Plan included in this guide on page 12 for a summary of your available benefits and recommended care schedule.
- Access your vitamin formulary and provider network information through the website for guidance on approved products and network doctors.

Tip: Save the GEMS toll-free number 0800 00 4367 on your phone for quick access whenever you have a benefit query.

The GEMS Maternity Care Plan gives you access to essential medical, nutritional and emotional care throughout your pregnancy at no additional cost when using network providers. By understanding your benefits, using the right providers and registering early, you can focus on what matters most — a safe, healthy and joyful pregnancy.

FAQs

When do my maternity benefits start?

Your benefits become active as soon as you register on the GEMS Maternity Programme. Early registration ensures your consultations, vitamins and scans are covered from the start.

Can I change doctors during my pregnancy?

Yes, you may change your GP or Gynaecologist. However, ensure that your new provider is part of the GEMS network to avoid co-payments.

Are antenatal classes covered?

Yes, antenatal classes may be covered from your day-to-day benefit, depending on your option.

Will GEMS pay for additional scans or tests?

Two standard scans are covered. Additional scans or special tests like NIPT are covered if your doctor motivates based on medical necessity.

What if I am hospitalised during pregnancy?

Hospital admissions related to pregnancy complications are covered as in-hospital benefits. Make sure your doctor obtains pre-authorisation before admission.

Will GEMS cover my baby after birth?

Yes. Once registered as a dependant within 60 days, your baby will receive full cover for eligible services, including vaccinations and routine paediatric visits.



05

Your Care Team: Who Does What

During your pregnancy, you will meet different healthcare professionals, each playing a unique role in keeping you and your baby healthy.

The GEMS Maternity Programme works closely with these healthcare providers to ensure that your care is coordinated, safe and tailored to your needs.

Understanding who does what will help you know where to go for the right kind of care and make the most of your maternity benefits.

Your General Practitioner (GP)

Your General Practitioner (GP) is usually your first point of contact during pregnancy. They help confirm your pregnancy, provide general antenatal care and refer you to a Gynaecologist or midwife if necessary.

Your GP will:

- Confirm your pregnancy and start your medical record.
- Conduct initial health checks and risk assessments.
- Perform or interpret ultrasound scans
- Prescribe your vitamins and supplements — should your GP be a dispensing doctor with a valid licence, they could dispense vitamins from the GEMS Vitamin Formulary.
- Manage minor pregnancy-related concerns (such as nausea or heartburn).
- Refer you to a Gynaecologist or specialist care if your pregnancy is considered high-risk.

Tip: Always visit a GEMS Network GP to ensure your visits are fully covered under your maternity benefit.

Your Gynaecologist (Obstetrician)

Your Gynaecologist is a specialist doctor trained in pregnancy, childbirth and women's reproductive health. They provide detailed clinical oversight during your pregnancy, particularly if it is medium- or high-risk.

Your Gynaecologist will:

- Monitor your baby's growth and overall maternal health.
- Perform or interpret ultrasound scans.
- Manage any medical complications, such as high blood pressure or gestational diabetes.
- Determine the safest delivery plan (Normal Vaginal Delivery or C-section).
- Work with your midwife and GP to ensure continuity of care.

Note: Gynaecologist consultations are covered when clinically indicated. Choose a GEMS Network Gynaecologist to avoid co-payments.

Your Midwife

Midwives are at the heart of the GEMS Maternity Programme. They provide holistic, personalised support throughout your pregnancy journey — medically, emotionally and practically.

Your Midwife will:

- Conduct telephonic check-ins during each trimester.
- Provide education and counselling on healthy pregnancy habits, birth preparation and postnatal care.
- Guide you through your GEMS Maternity Care Plan.
- Offer breastfeeding and newborn care advice after delivery.
- Assist in identifying early warning signs and referring you if needed.

Your midwife is your direct link to the GEMS Maternity Programme — do not hesitate to reach out with questions or concerns.

Your Hospital and Delivery Team

When it is time for delivery, your hospital team, including nurses, midwives and doctors will provide the care you and your baby need during birth and recovery.

Your hospital team will:

- Admit you when labour begins or for planned procedures.
- Monitor your baby's and your vital signs throughout labour.
- Support you during delivery (Normal Vaginal Delivery or C-section).
- Provide postnatal care and breastfeeding guidance before discharge.

Ensure that your delivery hospital is part of the GEMS Network and that pre-authorisation is obtained to avoid co-payments.

06

Understanding the GEMS Doctor and Hospital Network

GEMS has a countrywide network of doctors, Gynaecologists and hospitals who have agreed to provide quality care at scheme rates, ensuring you receive comprehensive services without unexpected costs.

Benefits of using network providers:



- Using network providers helps reduce the risk of co-payments and balance billing, subject to Scheme Rules.
- Simplified claims process.
- Access to coordinated care through your Maternity Programme.
- Guaranteed quality standards and clinical oversight.

How to find a network provider:



- Call the GEMS Maternity Programme on 0800 00 4367 (toll-free).
- Use the GEMS Member App or website to locate a GP, Gynaecologist or hospital near you.
- Ask your provider if they are part of the GEMS Network before your appointment.

Together, your care team and the GEMS Maternity Programme ensure you and your baby receive the right care, at the right time, from the right people.

Funding Note

All benefits are subject to your GEMS benefit option rules, GEMS network provider networks, clinical protocols, pre-authorisation, referrals, and annual/family benefit limits. Using non-GEMS network providers may attract co-payments.

Tip: Keep your key contacts (midwife or obstetrician, nominated GP, hospital, paediatrician and if you choose a doula) in your printed Maternity Handbook and bring it to every visit.

Who is my main contact at GEMS during pregnancy?

Once you register on the GEMS Maternity Programme, you will be linked to a care team (dedicated midwife) who will guide you throughout your pregnancy journey.

Midwife versus Obstetrician: who will GEMS pay for?

GEMS funds maternity care through a multidisciplinary approach using network provider networks according to your option. Midwives and GPs usually manage low-risk pregnancy and labour. Obstetricians manage higher-risk pregnancies and surgical births. Your cover and co-payments depend on your option and network use; pre-authorisation may be required.

Who supports breastfeeding?

Your midwife, hospital nurses and (where available) lactation services help you get started. Funding for lactation consultations is based on benefit availability.

Where does my General Practitioner (GP) fit in?

Your GP can confirm your pregnancy, manage general health concerns and refer you to network obstetricians as needed. Some options require nominated GPs and referrals for specialist visits — check the Scheme Rules.

When do I see a Family Practitioner (FP) for my baby and how does funding work?

Hospitals often have an on-call paediatrician who examines your baby at birth. After you go home, your baby's routine care should be with your Family Practitioner (FP) or your nominated GEMS network doctor. They will do the baby's check-ups, monitor feeding, weight, and general health, and advise if a specialist referral is needed.

How it's paid for depends on your benefit option and whether you use a GEMS network provider.

Register your baby as a dependant on your GEMS membership within 60 days of birth so that cover is active from the date of birth (according to your benefit option and Scheme Rules).

Who manages my medicines and supplements?

Your dispensing midwife or dispensing doctor prescribes; a GEMS network pharmacist checks safety in pregnancy and explains how to take them. Certain maternity vitamins may be supported via the Maternity Programme or benefit option rules — confirm formularies.

Who looks after my mental wellbeing (e.g., anxiety or postnatal depression)?

The Maternity Programme has a psychosocial team that can assist you throughout your pregnancy.

Who do I call after hours or in an emergency?

EMS contact: 0800 44 4367 (toll-free).



Common Myths and Cultural Practices in Pregnancy

South Africa is rich in culture and tradition. While many practices support family and community, some beliefs about pregnancy may cause confusion or lead to unsafe choices. It is important to respect traditions while also making safe decisions based on medical guidance.

Myth 1: Announcing Pregnancy Too Early Brings Bad Luck



- Some cultures believe it is unsafe to announce a pregnancy in the first trimester.
- Medical Guidance: From a medical point of view, there is no harm in sharing the news early with the GEMS Maternity Programme. However, some families prefer to wait until after the 12-week scan when the risk of miscarriage is lower. This is a personal choice.

Myth 2: Eating Eggs Causes Babies to Be Born Without Hair or Causes Skin Problems



- This is a common belief in some communities.
- Medical Guidance: Eggs are a highly nutritious food — they contain protein, iron and choline, which support your baby's brain development. There is no scientific evidence that eating eggs affects your baby's hair or skin.

Tip: Always cook eggs thoroughly to reduce the risk of infection (e.g., salmonella).

Final Word on Myths

- It is normal to receive advice from family and elders.
- Always balance cultural practices with medical evidence.
- When in doubt, ask your healthcare provider.
- GEMS is committed to the health and safety of mother and baby, delivered with a deep respect for cultural traditions.

Risks and Danger Signs: When to Get Help Fast

Most pregnancies and newborn journeys go smoothly, but it is vital to recognise red flags early. If any warning sign below happens, go to your nearest emergency unit or clinic immediately or call GEMS emergency services on 0800 44 4367 (toll-free) from any cell phone in South Africa.

During pregnancy — Call or go to emergency care immediately if you have:



Heavy vaginal bleeding, clots or severe lower abdominal pain or cramps.



Waters breaking before 37 weeks or waters that are green or brown or foul-smelling.



A severe or persistent headache, blurry vision, spots before your eyes or sudden swelling of your face/hands/feet.



Reduced or no baby movements after 28 weeks (fewer than 10 movements in 2 hours or a noticeable drop from your baby's usual pattern).



Fever of 38°C or more, chills, burning pain when passing urine or a foul-smelling vaginal discharge.



A fall, car accident or any trauma to the abdomen.



Severe vomiting that you cannot keep fluids down, fainting, chest pain or shortness of breath.

Miscarriage (usually before 20 weeks):

Heavy bleeding, strong cramps and tissue passing from the vagina are urgent signs — seek care immediately.

Stillbirth prevention — what you can do:

- Attend all antenatal visits and take your prescribed treatments (e.g., for high blood pressure, diabetes, HIV).
- Sleep on your side from 28 weeks. Avoid alcohol and smoking completely during pregnancy to prevent Fetal Alcohol Spectrum Disorder (FASD).
- From 28 weeks, do daily kick-counts; if movements are less than usual, do not wait — go for a check-up immediately.

If you are unsure, rather get checked. It is always okay to ask for help. Call 0800 00 4367 (toll-free) to get into contact with a dedicated GEMS midwife.

After Birth

Seek urgent care if you have: heavy bleeding (soaking over 2 pads per hour), fever more than 38°C, severe headache or visual changes, chest pain or shortness of breath, a painful swollen calf, worsening wound pain/redness, foul-smelling discharge or feelings of hopelessness or thoughts of self-harm.

You are not alone – help is available.

Your Baby: Milestone Red Flags and Danger Signs

At any age, go to emergency care now if your baby has:

1. Fever more than 38°C (especially under 3 months), is very sleepy/hard to wake, turns blue around lips/tongue, has fast or laboured breathing, chest indrawing, grunting or pauses in breathing.
2. Seizures, a stiff neck, a bulging or sunken soft spot or a widespread rash with fever.
3. Persistent vomiting (especially green), blood in stools, signs of dehydration (no tears, dry mouth, more than 3 wet nappies in 24 hours), or jaundice that is spreading or worsening.

Milestone Checks (seek assessment if not met)

By 6 to 8 weeks:

does not look at faces, does not startle to loud sounds, very floppy or very stiff, not feeding well, fewer than 6 wet nappies a day after day 5.

By 6 months: not rolling, not reaching for objects or bringing them to mouth, no laughter or vocal sounds.

By 12 months: not pulling to stand or crawling or cruising, no single words, no gestures (waving or pointing), little interest in people or play.

By 3 to 4 months: cannot hold head up, does not follow objects with eyes, no cooing or social smile.

By 9 months: not sitting without support, not transferring objects hand-to-hand, little babbling (“ba/da”).

What to do: Go to your nearest clinic or emergency unit, or call 0800 44 4367 from any cell phone. Bring Baby’s Road-to-Health Booklet and any medications.

Remember: Trust your instincts. If something feels wrong, with you or your baby, seek care right away.

07

Your Pregnancy by Trimester

Pregnancy is a journey of continuous change for your body, your emotions and your baby's development. To help you prepare and stay informed, this section breaks your pregnancy into three trimesters, each with clear information on what is happening, what to do and how GEMS supports you.

Every pregnancy is unique, but by following your Maternity Care Plan and keeping up with your scheduled visits, you and your baby will be well cared for every step of the way.

What is Happening with Your Body

- You may feel tired, nauseous or experience tender breasts — all normal early signs.
- Hormonal changes may cause mood swings or light cramping.
- Your body begins producing more blood and nutrients to support your baby's growth.

Your Baby's Development

- By 8 weeks, your baby's heart is beating.
- Tiny limbs, fingers and facial features start to form.
- By week 12, your baby is about the size of a lime and moving gently inside you (though you may not feel it yet).

Important To-Do's

- Confirm your pregnancy with your GP or Gynaecologist.
- Register on the GEMS Maternity Programme.
- Book your first antenatal visit and blood tests.
- Start taking your prescribed prenatal vitamins (especially folic acid).
- Maintain a healthy diet and avoid alcohol, smoking or recreational drugs.
- Rest when you can — fatigue is common during this stage.



Support Services



- A GEMS Midwife will call you within the first trimester.
- A Dietician will guide you on balanced meals and managing nausea.
- Psychosocial counselling will be available for emotional adjustment.

Tip: Early registration allows GEMS to monitor your care and provide early support if you are at risk for conditions like anaemia, hypertension or diabetes.



Trimester 1 – Weeks 1–12

Focus: Confirmation, early care and healthy beginnings.



Week 1



Week 5



Week 10



What is Happening with Your Body

- Your energy levels usually improve and nausea often eases.
- You may feel your baby's first movements ("quickening") between weeks 18 to 22.
- Your belly begins to show and you might experience mild back discomfort.
- Appetite increases as your baby grows rapidly.

Your Baby's Development

- Your baby's organs are fully formed and continue to mature.
- By week 20, your baby can hear sounds and respond to your voice.
- The skin becomes covered with a fine layer of hair called lanugo.
- By 26 weeks, your baby can open and close its eyes and practice breathing movements.

Important To-Do's

- Attend your antenatal visit and mid-pregnancy ultrasound (20 to 24 weeks).
- Review your GEMS Maternity Care Plan with your doctor.
- Begin light, safe pregnancy exercise such as walking, swimming or prenatal yoga — with clearance from your healthcare provider.
- Maintain hydration and eat iron-rich foods.
- Discuss your birth preferences early with your midwife or Gynaecologist.
- Begin thinking about hospital options and pre-authorisation.



Support Services

- Midwife call during the second trimester to check progress.
- Educational material on exercise, nutrition and emotional wellbeing.
- Psychosocial support if you experience anxiety, stress or relationship pressure.



Tip: Early registration allows GEMS to monitor your care and provide early support if you are at risk for conditions like anaemia, hypertension or diabetes.



Trimester 2 – Weeks 13–26

Focus: Growth, wellness and preparation.



Week 15



Week 20



Week 27

What is Happening with Your Body

- Your baby grows quickly and your body prepares for birth.
- You may experience shortness of breath, backache or swelling in your feet.
- Sleep may become more difficult due to your growing belly.
- Braxton Hicks contractions (“practice contractions”) may begin.

Your Baby’s Development

- By 32 weeks, your baby’s bones harden and the brain develops rapidly.
- The lungs mature and the baby gains weight quickly.
- By 37 weeks, your baby is considered full-term and ready for birth.
- The baby’s head may move down into the pelvis (engagement).

Important To-Do's

- Book your hospital bed and get pre-authorisation from GEMS.
- Receive your maternity bag from 27 weeks.
- Finalise your birth plan with your midwife and doctor.
- Discuss pain relief options for labour.
- Prepare your hospital and baby essentials bags.
- Plan your postnatal support — breastfeeding, home help and emotional support.
- Ensure your baby will be registered as a dependant within 60 days after birth.



Support Services



- Third-trimester midwife call for final preparation.
- Telephonic counselling for birth planning and anxiety.
- Lactation advice and postnatal readiness education.

Tip: If you have severe headaches, blurred vision, sudden swelling, or severe abdominal pain, seek medical care immediately. These can be warning signs of a serious pregnancy complication such as high blood pressure (including pre-eclampsia).



Trimester 3 — Weeks 27–40

Focus: Preparation, monitoring and birth readiness.



Week 28



Week 35



Week 40

Did you know?

- Pregnant women should sleep on their left side to improve blood flow to the baby.
- Staying active with safe exercise can reduce back pain and improve circulation.
- Stress management and relaxation play a big role in healthy pregnancy outcomes.
- The GEMS Maternity Programme provides psychosocial and nutritional support at no extra cost.

Each trimester brings exciting changes for both you and your baby. By attending your antenatal appointments, following your care plan and making use of the GEMS Maternity Programme services, you are giving your baby the best possible start.

Healthy habits, regular check-ups and emotional balance are the foundation of a safe and joyful pregnancy journey.

Note: All benefits are subject to the Scheme Rules, benefit option, clinical criteria, formulary/tariff limits, provider network status, and pre-authorisation where applicable.

FAQs — Trimester

Does GEMS recognise adoption and same-sex marriages for dependants and benefits?

Yes. GEMS recognises legally adopted children, marriages, and civil unions (including same-sex marriages). Your spouse/partner and adopted child can be added as dependants once you submit the required legal documents (see below), subject to Scheme Rules and your plan option.

How do we add our child (adopted or born via surrogacy) as a dependant, and by when?

Submit the dependant-registration form plus supporting documents within 60 days of placement (adoption) or birth (including surrogacy).

Typical documents include:

- Adoption: court adoption order or official placement letter (and ID/birth certificate when issued).
- Surrogacy: High Court surrogacy order and the baby's birth registration listing the intended parents.
- Use the GEMS Member App or call centre to confirm the exact documents for your case and to avoid disruptions in cover.

What benefits and support can adoptive and same-sex parents access?

- Paediatric care in the provider network (growth checks, immunisations, routine care).
- Psychosocial counselling and mental-health support through GEMS (telephonic and in-network referrals).
- Post-placement guidance (sleep, bonding, feeding choices; induced/re-lactation support if clinically appropriate).
- Care coordination with your GP/paediatrician and referrals as needed. Coverage is provided according to your plan option, network use, and pre-authorisation where required.



08

Birth and Delivery Options

The birth of your baby is a deeply personal and powerful experience. GEMS is committed to supporting you in making informed, safe and confident choices – whether you give birth naturally, through water birth or by Caesarean Section (C-section).

Your care team, including your GP, Gynaecologist and midwife will help you prepare for the option that best suits your health needs and your baby's wellbeing.

1. Normal Vaginal Delivery (NVD)

A Normal Vaginal Delivery (NVD) is a natural birth in which your baby is delivered through the birth canal without surgical intervention. It is the most common and preferred delivery method for low-risk pregnancies, offering physical, emotional and long-term health benefits for both mother and baby.

How It Works:

- Labour begins when the uterus starts contracting regularly, helping the cervix open (dilate).
- As the cervix dilates fully (10 cm), your baby gradually moves down the birth canal.
- Your midwife or doctor will guide your pushing and breathing to help the baby descend safely.
- Once the baby is born, the placenta (afterbirth) is delivered and your uterus contracts to stop bleeding.

Advantages of NVD:

Physical and Health Benefits:



- **Faster recovery:** Most mothers can walk within hours and return home within 1 or 2 days.
- **Lower complication rate:** Less risk of infection, blood clots or surgical injury.
- **Better future reproductive health:** Reduced likelihood of complications such as placenta accreta, previa or uterine rupture in future pregnancies.
- **Improved neonatal outcomes:** Babies born vaginally often have fewer respiratory issues as their lungs are naturally compressed during delivery, helping expel fluid.

Psychosocial and Emotional Advantages:



- **Early bonding and attachment:** The release of oxytocin during natural labour enhances the emotional connection between mother and baby immediately after birth.
- **Empowerment and confidence:** The “love hormone”, oxytocin, released during natural birth, not only strengthens contractions but also deepens emotional bonding with your baby.
- **Improved breastfeeding initiation:** The natural hormonal response after vaginal birth triggers milk production earlier and supports sustained breastfeeding.
- **Emotional stability:** Lower rates of postnatal depression are associated with natural births compared to surgical deliveries.
- **Active participation:** Mothers are more physically and mentally involved in the birthing process, often describing it as transformative.

Possible Discomforts or Challenges:

- Mild perineal tears or swelling, which heal quickly.
- Temporary soreness or urinary leakage due to pelvic muscle stretching.
- Fatigue and emotional intensity — both normal after labour.

Recovery After NVD:

- Most mothers return home within 24 to 48 hours of delivery.
- Discomfort usually improves significantly within a few days to one week.
- Light vaginal bleeding (lochia) may continue for 2 to 6 weeks.
- Pelvic floor exercises help strengthen muscles and support faster recovery.
- You can safely resume normal activities, including gentle exercise once approved by your doctor, usually after 6 weeks.

Gentle walking, pelvic floor exercises, hydration and good rest aid recovery after natural birth.

2. Home Birth

A home birth may be suitable for low-risk pregnancies under the care of a qualified midwife. This setting offers privacy and comfort but requires careful planning and proximity to a hospital in case of emergency.

Safety Requirements:

- Low-risk pregnancy confirmed by your healthcare provider.
- Registered midwife in attendance.
- Emergency plan and nearby access to hospital facilities.

3. Water Birth

A water birth allows you to deliver your baby in warm water, providing natural pain relief and a calm environment.

Benefits



- Reduces stress and promotes relaxation.
- Can shorten the duration of labour.
- Encourages smoother, gentler delivery for both mother and baby.

Considerations



- Only suitable for low-risk pregnancies.
- Must be performed in a controlled, hygienic environment (hospital or birth centre).

Clinical Clarification: GEMS covers home births and water births only when conducted by registered professionals and in line with approved clinical guidelines.



4. Caesarean Section (C-Section)

A Caesarean Section (C-section) is a surgical operation in which the baby is delivered through incisions in the mother's abdomen and uterus. It can be planned (elective) or emergency (unplanned) depending on clinical circumstances.

When a C-Section Is Medically Necessary:

C-sections are essential when vaginal delivery could endanger the mother or baby. Medical reasons include:

- Foetal distress or abnormal heart rate.
- Placenta previa (placenta covers the cervix).
- Breech or transverse baby position.
- Multiple pregnancies (twins or triplets).
- Prolonged or obstructed labour.
- Maternal conditions (e.g., hypertension, diabetes, pre-eclampsia).

Advantages of a C-section:

- Life-saving in emergencies.
- Planned procedure allows preparation for high-risk pregnancies.
- Reduces transmission risk of certain infections (e.g., active HIV).

Risks and Dangers of a C-section:

While often necessary, C-sections carry higher short-term and long-term risks than vaginal births.

Physical and Surgical Risks:

- Excessive bleeding or need for transfusion.
- Infection at the wound, uterus or bladder.
- Blood clots (deep vein thrombosis or pulmonary embolism).
- Pain and slower mobility lasting several weeks.
- Adhesions (internal scar tissue) that may cause future pain or digestive issues.

Risks for the Baby:

- Breathing difficulties due to retained lung fluid.
- Delayed bonding due to maternal recovery.
- Higher chance of Neonatal Intensive Care Unit (NICU) admission immediately after birth.

Future Pregnancy Risks:

- Increased risk of placenta previa, accreta or uterine rupture in future pregnancies.
- Fertility complications due to scar tissue.
- Ectopic pregnancy risk increases slightly.

Psychological Impact:

- Some mothers experience emotional distress, guilt or detachment following an unplanned C-section.
- Higher risk of postnatal depression and delayed bonding if recovery is prolonged.

Recovery After C-section:

- Hospital stay: typically 3 nights, 4 days.
- Pain, tenderness and fatigue can last up to 6 weeks.
- Avoid heavy lifting or driving during early recovery.
- Monitor the wound for redness or discharge.
- Emotional recovery can take time — accept help and rest.

GEMS offers psychosocial and postnatal counselling to help mothers recover emotionally and physically after birth.

Birth Options Comparison

Option	Where It Takes Place	Who Oversees Care	Pain Management	Recovery Time	Main Risks
Normal Vaginal Delivery (NVD)	Hospital or birthing unit	Doctor or Midwife	Breathing, epidural or medication	1 to 2 days	Minor tears, perineal soreness.
Home Birth	Home (low-risk only)	Registered Midwife	Natural relaxation, breathing techniques	1 to 2 days	Delayed emergency care if complications arise.
Water Birth	Hospital or birthing pool	Doctor or Midwife	Warm water relaxation and natural pain relief	1 to 3 days	Infection risk if water not sterile or facility not regulated.
Caesarean Section (C-section)	Hospital (operating theatre)	Obstetrician and surgical team	Spinal or general anaesthetic	4 to 6 weeks	Infection, bleeding, blood clots, delayed recovery, future pregnancy risks.

Planning Your Birth (Pre-authorisation and Benefits)

- Pre-authorisation is required for all hospital deliveries.
- Contact 0800 00 4367 (toll-free) at least 3 weeks before your expected due date.
- Confirm your GEMS Network hospital to avoid co-payments.
- Discuss pain relief, birthing preferences and support persons with your doctor or midwife.
- Prepare your hospital and baby bags by 34 weeks.
- Develop your birth plan and share it with your care team.

A Normal Vaginal Delivery is safest for most mothers and babies — offering faster recovery, stronger bonding and better emotional outcomes.

A C-section is necessary in certain medical situations, but understanding its risks helps you prepare physically and emotionally.

Please note: An elective (non-emergency) C-section may attract a R10 000 co-payment, subject to Scheme Rules.

The goal of the GEMS Maternity Programme is a healthy mother and a healthy baby, supported through informed choices, compassionate care and continuous guidance.



09

After Baby Arrives (Postnatal Care)

Six-Week Postnatal Support

Your postnatal period is a time of healing, adjustment and bonding. The first six weeks are especially important for recovery and establishing routines with your baby.

During this period, your GEMS midwife and healthcare team will monitor the following:

- Wound healing (if you had a C-section or perineal tear).
- Uterine involution (the uterus returning to pre-pregnancy size).
- Vaginal bleeding (lochia) and whether it is within normal levels.
- Breastfeeding progress, nipple soreness, latch issues.
- Emotional health (signs of baby blues vs postnatal depression).
- Physical recovery: pain, mobility, bowel and bladder function.

At your six-week postnatal clinic visit, expect a full physical examination, pelvic floor assessment, contraception counselling and emotional wellbeing review.

Registering Your Baby as a Dependant

Register your baby with GEMS within 60 days after birth. Provide the baby's birth certificate, your ID and proof of relationship to activate neonatal benefits.

Immunisation Schedule

Follow the national Expanded Programme on Immunisation (EPI) to ensure your baby receives vaccines at birth, 6 weeks, 10 weeks, 14 weeks, 9 months and 18 months.

Note: State-funded vaccines will not be charged by the provider. They will charge the administration fee, which will be funded subject to Scheme Rules.

Revised Expanded Programme on Immunisation (EPI) routine schedule

Age of Child	Vaccine	How and Where Given
At birth	BCG (Bacilles Calmette Guerin)	Right arm
At birth	OPV (0) Oral Polio Vaccine	Drops by mouth
6 weeks	OPV (1) Oral Polio Vaccine	Drops by mouth
6 weeks	RV (1) Rotavirus Vaccine	Liquid by mouth
6 weeks	DTaP-IPV-Hib-HBV (1) Diphtheria, Tetanus, Acellular Pertussis, Inactivated Polio Vaccine and Haemophilus Influenzae Type B and Hepatitis B Combined	Intramuscular / Left thigh
6 weeks	PCV (1) Pneumococcal Conjugate Vaccine	Intramuscular / Right thigh
10 weeks	DTaP-IPV-Hib-HBV (2)	Intramuscular / Left thigh
14 weeks	RV (2) Rotavirus Vaccine	Liquid by mouth
14 weeks	DTaP-IPV-Hib-HBV (3)	Intramuscular / Left thigh
14 weeks	PCV (2) Pneumococcal Conjugate Vaccine	Intramuscular / Right thigh
6 months	Measles Vaccine (1)	Subcutaneous / Left thigh
9 months	PCV (3) Pneumococcal Conjugate Vaccine	Intramuscular / Right thigh
12 months	Measles Vaccine (2)	Subcutaneous / Right arm
18 months	DTaP-IPV-Hib-HBV (4)	Intramuscular / Left arm
6 years	Td Vaccine — Tetanus and reduced strength of Diphtheria Vaccine	Intramuscular / Left arm
12 years	Td Vaccine — Tetanus and reduced strength of Diphtheria Vaccine	Intramuscular / Left arm

State funded vaccines will not be charged by the provider, they will charge the admin fee - which will be funded subject to Scheme rules.

Breastfeeding and Lactation Support

Breastfeeding provides essential nutrients, immune protection and emotional bonding. The GEMS Maternity Programme offers breastfeeding guidance from a GEMS Midwife, through a telephonic follow-up call and advice on latch, positioning and managing common challenges.

How to access: Use the GEMS Member App or call centre to connect with a Midwife.

Benefit Note: Milk Banks are not covered by the GEMS Maternity Programme.

South African Milk Banks and Donor Services

Organisation/Initiative	Coverage and Services	Website/Contact
South African Breastmilk Reserve (SABR)	Operates milk banks in 27 public hospitals and supports over 80 neonatal units nationwide.	www.sabr.org.za
Netcare Ncelisa Human Milk Banks	Runs 5 milk banks and 35 depots, offering donor milk to NICU babies in public and private hospitals.	www.netcare.co.za
Milk Matters (Western Cape)	Community-driven milk bank with 25 depots across Cape Town for donor milk drop-off and collection.	www.milkmatters.org
Human Milk Banking Association of South Africa (HMBASA)	Provides standards, accreditation and directory of milk banks countrywide.	www.hmbasa.org.za

Milk donation is voluntary and donors are screened for infectious diseases. Milk is pasteurised, tested, frozen and safely distributed to neonatal units. Contact SABR or your local hospital milk bank for more details.

Who to Consult Postnatally

- **Midwife or Community nurse:** a telephonic follow-up call after discharge, post 6 weeks.
- **GP:** Tracks your baby's progress (growth, health and immunisations) — book through your GEMS provider network or a local clinic.
- **Psychosocial support:** Counselling and mental health care — request through the Maternity Programme.

Returning to Work and Support Services

Unemployment Insurance Fund (UIF) Maternity Benefits (Income Support):

- The Unemployment Insurance Fund (UIF) provides maternity benefits to eligible mothers during maternity leave. This helps ensure income stability while promoting maternal recovery.

How to Apply: Visit your nearest Department of Labour office or apply online at www.labour.gov.za.

Benefit reminder: Funding is subject to GEMS Scheme Rules, your plan option, formulary/tariff limits, network status, and pre-authorisation where required. Co-payments may apply for out-of-network or non-authorised services.



When should I start planning my return to work, and what should I organise?

- Meet your manager to discuss a phased return, flexible hours, remote days, or task adjustments.
- Ask your doctor or midwife for a letter if you need temporary accommodations (for example, lifting limits after a caesarean section, sit–stand options, or schedule changes).
- Finalise childcare, transport, and a back-up plan for illness days.
- Book your postnatal check (you) and paediatric visits/ immunisations (baby) to avoid last-minute leave.
- Agree a feeding/pumping plan with your manager (private space, cold storage, and break times). Pack a pump, spare parts, storage bags/containers, cooler pack, and cleaning supplies.
- **Protect sleep and nutrition:** plan earlier bedtimes, meal prep, and hydration; schedule one mid-week “recovery evening” with fewer commitments.
- **Set health prompts:** brief breathing exercises before meetings; short walks at lunch; calendar reminders for water, snacks and pumping.
- **Red flags (seek care):** persistent low mood or anxiety, wound pain or fever, breast redness with fever, chest pain or shortness of breath. Use the GEMS Psychosocial Support line or contact your clinician promptly.

How do I manage feeding and wellbeing at work (including pumping) and what should I watch for?

- Agree a feeding/pumping plan with your manager (private space, cold storage, and break times). Pack a pump, spare parts, storage bags/containers, cooler pack, and cleaning supplies.
- **Protect sleep and nutrition:** plan earlier bedtimes, meal prep, and hydration; schedule one mid-week “recovery evening” with fewer commitments.
- **Set health prompts:** brief breathing exercises before meetings; short walks at lunch; calendar reminders for water, snacks and pumping.
- **Red flags (seek care):** persistent low mood or anxiety, wound pain or fever, breast redness with fever, chest pain or shortness of breath. Use the GEMS Psychosocial Support line or contact your clinician promptly.

10

Nutrition and Wellness

South African Food-Based Nutrition Guidance

Good nutrition is one of the most important ways to support your baby's growth, reduce pregnancy complications and promote recovery after birth. The South African Food-Based Dietary Guidelines (FBDGs) developed by the Department of Health, University of the Western Cape and Nutrition Society of South Africa are designed to promote affordable, culturally diverse and locally sourced eating habits.

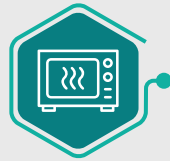
- **Enjoy a variety of foods every day** — choose colourful vegetables, fruits, whole grains, lean meat, beans and dairy daily.
- **Make starchy foods part of most meals** — choose brown rice, wholemeal bread, maize meal or sorghum for lasting energy and fibre.
- **Eat dry beans, lentils, peas and soya often** — they are rich in iron and protein, affordable and common in South African households.
- **Eat plenty of fruit and vegetables every day** — include at least 5 portions of seasonal produce like marogo, pumpkin, cabbage, spinach, guavas and oranges.
- **Drink clean, safe water regularly** — aim for 6 to 8 glasses a day and limit sugary drinks.
- **Use salt and salty foods sparingly** — avoid adding extra salt to pap, gravies or takeaways.
- **Use fats sparingly** — cook with small amounts of sunflower, olive or canola oil and limit fried street foods.
- **Eat less sugar and sugary foods** — avoid fizzy drinks and sugary snacks like cakes or doughnuts.
- Avoid alcohol and smoking completely during pregnancy to prevent Fetal Alcohol Spectrum Disorder (FASD).
- Be physically active daily unless medically restricted.

Tip: Local foods such as morogo (wild spinach), amadumbe, samp and beans, pap, lentils and rooibos tea form part of a healthy, balanced South African diet.

Food Safety Tips:



Wash fruits and vegetables well, especially market produce.



Reheat leftovers until steaming hot.



Avoid unpasteurised amasi or milk from informal sellers.



Keep perishable foods cool to prevent Listeria or Salmonella.



Cook meat and chicken thoroughly.

Exercise and Physical Activity During Pregnancy

Physical activity during pregnancy is encouraged unless medically advised otherwise. South African midwives and obstetricians recommend at least 150 minutes per week of moderate activity (30 minutes x 5 days). Always follow the plan your healthcare provider has put together for you.

Benefits:

- Reduces swelling, constipation and fatigue.
- Improves posture and muscle strength.
- Promotes good sleep and circulation.
- Helps manage stress and prepares the body for labour.

Type	Frequency	Examples
Low-impact aerobic activity	3 to 5 days/week	Brisk walking, dancing, swimming, prenatal aerobics.
Stretching and mobility	Daily	Gentle yoga, pregnancy stretching, pelvic tilts.
Strength/toning	2 to 3 days/week	Resistance bands, squats, sit-to-stand movements.
Pelvic floor (Kegels)	Daily	Strengthens bladder control and pelvic muscles.

Safety Precautions:

- Avoid high-heat conditions (common in summer months).
- Avoid contact sports, heavy lifting or high-altitude exercise.
- Stop if you experience pain, dizziness, bleeding or shortness of breath.
- Always consult your healthcare provider before starting or changing an exercise routine.

GEMS Vitamin Formulary 2026

GEMS supports members through a maternity-specific vitamin formulary accessible through contracted pharmacies. These supplements are aligned with National Department of Health antenatal nutrition protocols.

Nutrient	Purpose
Folic Acid (400 µg)	Prevents neural tube defects such as spina bifida.
Iron (60 mg)	Prevents iron deficiency anaemia.
Calcium (1000 mg)	Reduces risk of pre-eclampsia and supports bone development.
Vitamin D (400 IU)	Supports calcium absorption and bone health.
Iodine (150 µg)	Assists thyroid and brain development.
Omega-3 (DHA and EPA)	Supports brain, nerve and eye development.

Important to Note – medicine conflicts (especially with iron):

Iron supplements can bind with other medicines and foods, reducing how well either works. Avoid taking iron at the same time as calcium (including dairy), magnesium, zinc, antacids, high-fibre bran, tea/coffee or prenatal vitamins that contain calcium; separate doses by at least 2 hours. Some medicines need a wider gap: take levothyroxine (thyroid) at least 4 hours away from iron, and take certain antibiotics (e.g., tetracyclines, quinolones) and HIV integrase inhibitors (e.g., dolutegravir, bictegravir) 2–6 hours apart as directed by your clinician. Vitamin C (or a small glass of orange juice) can improve iron absorption. Always check with your General Practitioner/Obstetrician, pharmacist or HIV clinician before combining supplements and medicines.

Accessing the Vitamin Formulary:

- Available through the GEMS network pharmacies under the GEMS maternity benefit.
- Request your GP or midwife to prescribe vitamins listed under the 2026 formulary.
- Members in rural areas can access vitamins through local clinic pharmacies.

To access the Vitamin Formulary page visit: www.gems.gov.za/Healthcare-Providers/Formularies-List

Benefit reminder: All services are subject to GEMS Scheme Rules, your benefit option, clinical criteria, formulary and tariff limits, provider network status, and pre-authorisation where required. This information does not replace medical advice from your healthcare professional.

Is it safe to exercise during pregnancy?

Yes—if your clinician says it is safe for you. For most healthy pregnancies, aim for 150 minutes per week of moderate activity (for example, brisk walking, stationary cycling, prenatal yoga), plus two light strength sessions and daily pelvic floor exercises. Always start gently if you were not active before pregnancy.

What activities are recommended in each trimester?

First trimester: Gentle walking, swimming, stationary cycling, prenatal yoga or Pilates. Second trimester: Continue moderate cardio, light strength (body weight, resistance bands), posture and core stability. Third trimester: Shorter, more frequent sessions; mobility, breathing, pelvic floor and labour-prep positions. Avoid contact sports, activities with fall risk, hot yoga, scuba, and heavy straining.

When should I not exercise or stop a session immediately?

Exercise should only be done if advised and cleared by your healthcare provider. Do not exercise if you have placenta previa after 26 weeks, uncontrolled high blood pressure, significant anaemia, severe fetal growth restriction, or any other pregnancy-related complications, unless your healthcare provider has specifically approved it. Stop exercising immediately and seek medical care if you experience vaginal bleeding, painful contractions, chest pain, shortness of breath at rest, dizziness or fainting, fluid leaking from the vagina, calf pain or swelling, or a decrease in your baby's movements.

How soon can I exercise after birth (vaginal birth or caesarean section)?

Vaginal birth: Start with easy walking and pelvic floor work as soon as you feel comfortable; build up over 2–6 weeks. Caesarean section: Gentle walking only at first; avoid lifting heavier than the baby and pram until cleared. Many people step up activity from 4–6 weeks, but always follow your surgeon or obstetrician's advice. Add core and strength gradually; stop if the wound is painful, red or oozing. straining.

What about high-risk pregnancy—can I still be active?

Often yes, but your plan must be individualised. If you have diabetes, high blood pressure, risk of preterm labour, or are on bed rest, ask your clinician for a specific movement prescription (for example, seated mobility, breathing exercises, very light resistance while seated). Mental-health benefits still apply—use breathing, gentle stretches and guided relaxation.

How do I manage pelvic floor, back or pelvic pain?

Use posture and core-stability work, avoid heavy straining, practise daily pelvic floor contractions and relaxations, and consider a maternity support belt if advised. Ask for a referral to a women's health physiotherapist if pain persists, you notice leaking urine, heaviness/dragging, or separation at the midline of your abdomen.

Can GEMS help with exercise and wellness support?

Yes—benefits may include dietician sessions (if clinically indicated) and wellness coaching through network providers, plus referral to physiotherapy when your clinician recommends it. Use network providers and obtain pre-authorisation where required to reduce co-payments. Check the Government Employees Medical Scheme Member Application or call the Call Centre to confirm your option's benefits.



11

Chronic Conditions in Pregnancy

Understanding High, Medium and Low-Risk Level Pregnancies

Low Risk

- Healthy mom, singleton pregnancy, normal blood pressure and sugars, no major medical history.
- Routine care plan: scheduled antenatal visits, 2 scans (10 to 20 weeks and 20 to 24 weeks), standard labs and vitamins.

Medium Risk

- One or more risk factors that need closer monitoring, e.g. age <18 or >35, BMI >30, previous C-section, anaemia, mild hypertension, previous preterm birth, twins or concerning symptoms.
- Care plan: more frequent visits/scans, possible specialist input, tailored birth planning.

High Risk

- Conditions that significantly increase complications for mom or baby, e.g. hypertension/pre-eclampsia, diabetes, HIV with complex management, placenta previa, foetal growth restriction, multiple previous C-sections or significant abnormalities on scans or labs.
- Care plan: obstetric specialist oversight, hospital-based monitoring, clear escalation plan, delivery at a facility with obstetric, anaesthetic and neonatal backup.

Additional Services Available

Prescribed Minimum Benefits (PMBs) during Pregnancy:

Some maternity-related conditions are classified as Prescribed Minimum Benefits (PMBs). This means that GEMS will cover these conditions at a PMB level of care, even if you have reached your benefit limits. Members are entitled to antenatal and obstetric care necessitating hospitalisation, including delivery.

PMBs include:

- High-risk pregnancy monitoring
- Pregnancy-related hypertension and diabetes
- HIV management and treatment
- Pre-eclampsia
- Postpartum complications

Non-Invasive Prenatal Testing (NIPT):

- A blood test from approximately 10 weeks for selected chromosomal conditions.
- Usually offered when there is an increased risk (e.g., maternal age, abnormal screening/scan).
- Funding: Covered as clinically indicated as per your GEMS option and rules; pre-authorisation and motivation may be required. 3D/4D scans are paid up to the 2D rate.

To access PMB cover, your doctor must submit a motivation and supporting documentation along with the PMB application form. You can request this form from the GEMS call centre (0800 00 4367) or download it from www.gems.gov.za.

FAQs

How do I know if my pregnancy is low, medium or high risk?

Your clinician assesses your history, blood pressure, labs and scans. Low risk: no major conditions, routine schedule. Medium risk: e.g., age <18/>35, BMI >30, previous C-section, twins, mild hypertension/anaemia, needs closer follow-up. High risk: e.g., hypertension/pre-eclampsia, diabetes, HIV with complex care, placenta previa, growth restriction, significant scan or lab findings; requires specialist oversight.

Is Non-Invasive Prenatal Testing covered?

Non-Invasive Prenatal Testing (NIPT) may be funded when clinically indicated (e.g., abnormal screening, higher risk) according to your GEMS option and rules. Pre-authorisation and motivation may be required; 3D/4D scans are paid up to the 2D rate.

What extra care is offered if I am high risk?

More frequent visits, targeted blood tests, growth scans/Dopplers, CTG monitoring, and specialist referrals (Maternal-Foetal Medicine, physician/endocrinology/ID, paediatrics). Delivery is planned at a facility with obstetric, anaesthetic and neonatal backup.

I have high blood pressure, what should I expect?

Early booking, home BP logs, urine protein checks, low-dose aspirin if prescribed, possible calcium per SA guidance and growth scans. Some antihypertensives are safe; ACE inhibitors/ARBs are generally avoided unless a specialist advises otherwise.

How is diabetes in pregnancy managed and covered?

HbA1c/GTT as advised, dietician support, glucose monitoring targets, medication or insulin if needed, plus extra growth scans in the third trimester. Benefits for visits, tests and medicines are funded per formulary and option rules; use network providers and obtain pre-auth where required.

What if I am living with HIV? Can I breastfeed?

Start or continue ART immediately and attend viral load monitoring. With sustained viral suppression and counselling, breastfeeding is generally supported per national guidance. Newborn prophylaxis and early infant testing are scheduled by your care team.

Do I need to change where I deliver if I am high risk?

Often yes, your clinician may plan delivery at a contracted hospital with theatre and neonatal services. Confirm your facility and team are in-network and pre-authorized to avoid co-payments.

How do I access high-risk benefits and avoid co-payments?

- Tell your provider about any conditions immediately.
- Use the GEMS Member App/call centre to confirm benefits, network specialists and pre-authorization for scans, admissions and referrals.
- Request itemised quotes with tariff codes; keep your authorisation number handy.
- Emergency red flags (seek urgent care): severe headache or vision changes, sudden swelling, epigastric pain, heavy bleeding, reduced/ absent movements, chest pain/shortness of breath, fever >38 °C, persistent severe vomiting.

Specialist Referrals

- Maternal-Foetal Medicine/Obstetrician: for high-risk conditions or abnormal ultrasound findings.
- Endocrinology/Physician/ID specialist: for diabetes, hypertension, complex HIV or other medical disorders.
- Neonatology/Paediatrics: for anticipated newborn complications or growth concerns.
- Funding: Use contracted network specialists and obtain pre-authorisation where required to avoid co-payments.

Enhanced Monitoring

- Growth scans (typically 28 weeks to 36 weeks), foetal dopplers/CTG, more frequent bloods and blood-pressure checks.
- Hospital day-ward observation or admission if needed.

Hypertension or RISK OF PRE-ECLAMPSIA:



- **What to do:** Early booking, home blood pressure (BP) monitoring, urine dipsticks for protein, low-dose aspirin if prescribed (start by 12 weeks to 16 weeks), calcium per SA guidance, growth scans.
- **Medication:** Certain antihypertensives are safe in pregnancy (your clinician will choose). Avoid ACE inhibitors/ARBs unless directed by a specialist.
- **Birth planning:** Delivery timing and place based on disease control and fetal growth.
- **GEMS:** Covers indicated visits, labs, medication on formulary and hospital care per option rules. Pre-authorise admissions.

Diabetes (Pre-existing or Gestational):



- **What to do:** Early HbA1c/OGTT as advised; dietician support; glucose monitoring targets per clinician; medication/ insulin if needed.
- **Nutrition and activity:** SA Food-Based Guidelines; moderate activity if stable; individualised meal plan.
- **Monitoring:** Additional growth scans and foetal surveillance in the 3rd trimester.
- **GEMS:** Dietician sessions (as per benefits), diabetic supplies or medication on formulary, specialist referrals if motivated; pre-authorise where required.



HIV

- **What to do:** Start or continue Antiretroviral Therapy (ART) immediately; strict adherence; viral load monitoring per national schedule.
- **Delivery and newborn:** Mode of delivery based on obstetric indications; newborn prophylaxis and early infant diagnosis per SA protocol; breastfeeding supported with maternal viral suppression and counselling.
- **GEMS:** Antiretroviral therapy and labs per option rules; use network providers and ensure pre-authorisation for hospital services.

How to Access High-Risk Care (GEMS Pathway)

- Tell your provider about any medical history or new symptoms immediately.
- Use the GEMS Member App/call centre to confirm benefits, network specialists and pre-authorisation for scans, admissions and specialist visits.
- Ask for an itemised quote with tariff codes for any procedure or specialist consult.
- Keep your authorisation number and GEMS medical aid card for appointments and admission.
- Expect regular follow-up from a Midwife (telephonic) during high-risk care.

Member Tips:

- Bring your home BP/glucose logs to every visit.
- Pack a high-risk plan in your maternity folder: diagnoses, medications, latest labs, emergency contacts, authorisation numbers.
- Choose a network hospital with obstetric theatre and neonatal services; confirm on-call paediatric cover.
- If care escalates (e.g., from clinic to hospital), call GEMS to update authorisation and confirm the treating team is in-network.

Disclaimer: All benefits and services described are subject to the GEMS Scheme Rules, your plan option, clinical funding criteria, formulary and tariff limits, provider network status, and pre-authorisation where required. Co-payments may apply for out-of-network, non-formulary or non-authorized services. This information is a guide only and does not replace medical advice from your healthcare professional.

12

Postnatal Recovery Tips and Warning Signs

Recovery tips (first six weeks)



- Rest: protect a daily sleep block; accept help for meals and chores.
- Pain and wound care: keep the area clean and dry; take medicines as prescribed.
- Bleeding: should gradually lighten; use pads, not tampons.
- Pelvic floor and gentle movement: short walks and pelvic floor exercises when cleared.
- Feeding support: ask your midwife for latch guidance and positions.
- Mood check: brief self-check every two to three days (energy, interest, sleep, worry).

Call your clinician today if you notice



- Heavy bleeding (soaking a pad in an hour or passing large clots).
- Fever of 38 degrees Celsius or higher, foul-smelling discharge, worsening pain.
- Breast redness with fever, severe headache with vision changes, chest pain or shortness of breath.
- Wound redness or discharge (caesarean or perineal).
- Thoughts of harming yourself or harming the baby, severe anxiety, panic that does not settle, hearing or seeing things others do not.

Quick Tips



- Always use network providers and pre-authorise to reduce co-payments.
- Track actual spend monthly and adjust (gear versus recurring).



Pregnancy Registration:

- How to register your pregnancy online
- Required documentation
- Maternity benefits overview
- Pre-authorisation requirements



Birth Plan Development:

- Creating your birth plan on the portal
- Hospital selection and network options
- Natural birth versus C-section coverage
- Understanding maternity packages



Post-Birth Support:

- Registering your newborn
- Well-baby visits coverage
- Immunisation schedules
- Accessing maternal wellness resources

Benefit reminder: Funding is subject to GEMS Scheme Rules, your benefit option, formulary/tariff limits, network status, and pre-authorisation where required. Co-payments may apply for out-of-network or non-authorised services.

FAQs

How can I avoid unexpected medical costs during pregnancy and birth?

Use network providers, get pre-authorisation for admissions and procedures, and ask each provider (obstetrician, anaesthetist, paediatrician, hospital) for itemised quotes with tariff codes. Stick to the GEMS formulary for medicines and vitamins. This prevents most co-payments.

What are the smartest steps to manage costs before delivery day?

- Pre-authorise your delivery and keep the authorisation number handy.
- Confirm your hospital and all clinicians are in-network.
- Compare quotes (including theatre time and consumables).
- Schedule benefits you're entitled to (e.g., scans, bloods, dietician sessions) to avoid paying privately later.

13

General FAQs

What can I do if my treatment plan is declined by GEMS?

Your doctor can send a letter of motivation for appeal for the declined treatment for GEMS to consider. You will be issued with an explanation as to why your treatment is not covered if it remains declined.

There are two steps that a complainant must follow before requesting the GEMS Dispute Committee to take a decision on a complaint:

01

Call the GEMS provider call centre (086 043 6777), inform the agent of the complaint and request that the complaint be solved.

02

Lodge a compliment or share a concern through any of the below channels:
Email: Complaints@gems.gov.za
Call Centre: 086 043 6777
Post: GEMS, Private Bag X782, Cape Town, 8000
Fax: 0861 00 43 67

If the complaint is not solved to the complainant's satisfaction after the call to the call centre, a letter of complaint for the attention of the GEMS Principal Officer must be written. GEMS will acknowledge receipt in writing to the complainant within 24 hours of receiving the letter. GEMS will then try to resolve the matter within 30 days. Once the complaint has been processed, the complainant will be notified in writing of GEMS' findings.

How does the appeals process work?

Funding decisions i.e. authorisations are based on clinical indications and treatment within Scheme Rules and benefits. Scheme member or duly authorised representative acting on behalf of the member or the treating healthcare professional (the appellant/s) may appeal a funding decision taken during the utilisation review process. This decision is perceived to be contrary to Scheme Rules and benefits and/or to the appellant's detriment. The appeal is to re-evaluate the initial funding decision.

Structures are in place to ensure that appeals are dealt with at the most efficient level and that decisions are taken with due clinical and legal consideration within the relevant Scheme Rules and benefits. The following levels are available to deal with appeals.

01

First Level

Medical advisor of the relevant service; Dental or Hospital Benefit Management to consider first level appeal.

02

Second Level

Clinical Review Committee: A committee consisting of medical advisors and representatives from the Health Policy Unit (HPU). An external clinical expert may attend, or the opinion provided by an external clinical expert may be submitted to the committee.

03

Third Level

Escalated Appeals Forum includes the medical advisor presenting the case, key members of the original relevant Clinical Review Committee and the Group Functional Professional and/or Senior Medical Advisor who were not in attendance at the first appeal meeting. The committee convenes as required, considering the urgency associated with the case.

14

Useful Resources

Service	Purpose	Telephone	Email / Link for Queries
GEMS Contact Centre	General queries related to GEMS	0800 00 4367 (toll-free)	enquiries@gems.gov.za
GEMS Website	View GEMS products and services	0800 00 4367 (toll-free)	www.gems.gov.za
GEMS Tariff File, Formularies and Forms	To view GEMS tariff file, formularies, and forms	0800 00 4367 (toll-free)	www.gems.gov.za Healthcare Providers Tariff File/Formulary List/ICD-10 Codes
Network Contract Management and Provider Liaison Consultants	Contracting queries, REP12 categorisation, or consultant assistance	0800 00 4367 (toll-free)	networkscontracting@gems.gov.za
Chronic Medicine Management — New Registrations	Chronic condition registrations	0800 00 4367 (toll-free)	chronicdop@gems.gov.za
Chronic Medicine Authorisation Queries	Authorisation of chronic medicines	0800 00 4367 (toll-free)	chronicauthe@gems.gov.za
Fraud Hotline	Fraud-related matters	0800 212 202	gems@thehotline.co.za office@thehotline.co.za
Hospital Pre-authorisation	Non-emergency hospital pre-authorisations	0800 00 4367 (toll-free)	hospitalauths@gems.gov.za
Submission of Claims	Submit claims for GEMS beneficiaries	0800 00 4367 (toll-free)	enquiries@gems.gov.za
Queries on Claims	Claim-related queries for beneficiaries	0800 00 4367 (toll-free)	enquiries@gems.gov.za
Member Oncology Contact Centre	Oncology queries for members	0800 00 4367 (toll-free)	oncologyauths@gems.gov.za
Provider Oncology Contact Centre	Oncology queries for providers	0800 00 4367 (toll-free)	enquiries@gems.gov.za
Ambulatory PMB	Out-of-hospital PMB queries	0800 00 4367 (toll-free)	enquiries@gems.gov.za
HIV/AIDS Management	HIV/AIDS-related queries	0800 00 4367 (toll-free)	hiv@gems.gov.za
Alignd Serious Illness Benefit	Support for managing serious illness	0800 00 4367 (toll-free)	referrals@alignd.co.za info@alignd.co.za
GEMS Palliative Care Programme	Support for serious illness management	0800 00 4367 (toll-free)	referrals@alignd.co.za
GEMS Alternatives to Hospitalisation	Medical care at home	0800 00 4367 (toll-free)	homebasedcare@medscheme.co.za

14

Newborn and newly adopted child registration form

Newborn and newly adopted child registration form



Documentation required from main member

- A birth notification/ Copy of birth certificate
- Legal documentation if newborn child is adopted or fostered
- If your child's surname differs from yours, you need to attach a declaration confirmation (letter or email) stating the reason for the difference

Submit the completed application form and relevant supporting documentation to GEMS in any of the following manners:

- Via email to enquiries@gems.gov.za, or
- Via fax to 0861 00 4367, or
- Post to GEMS, Private Bag X782, Cape Town, 8000.

Ensure that all sections are completed in full and that you provide all necessary supplementary documentation.

Section 1: Main member details

Initials Surname

Full Name

Membership no.

Section 2: Newborn or newly adopted dependant/s you wish to register

Dependant 1

Initials Surname

Full Name

ID/ Passport No. Date of Birth

Race African Coloured Indian/Asian White Other Gender Male Female

Relationship to main member

Is the newborn dependant your Biological Foster Adopted child Extended family

Is the newborn factually dependant on main member Yes No

Dependant 2

Initials Surname

Full Name

ID/ Passport No. Date of Birth

Race African Coloured Indian/Asian White Other Gender Male Female

Relationship to main member

Is the newborn dependant your Biological Foster Adopted child Extended family

Is the newborn factually dependant on main member Yes No

Dependant 3

Initials Surname

Full Name

ID/ Passport No. Date of Birth

Race African Coloured Indian/Asian White Other Gender Male Female

Relationship to main member

Is the newborn dependant your Biological Foster Adopted child Extended family

Is the newborn factually dependant on main member Yes No

Private bag X782 Cape Town • Call Centre: 0860 00 GEMS (4367) • Fax: 0861 00 GEMS (4367)
 Email enquiries@gems.gov.za • Fraud Line 0800 21 2202 • HIV Aids Helpline 0860 436 736 • www.gems.gov.za

1

The Government Employees Medical Scheme (GEMS) is an authorised Financial Services Provider (FSP No 52861)

Section 3: Dependant general practitioner (GP) nomination

- If you are on the Tanzanite One, Emerald Value or the Ruby option, you need to choose a Network doctor for your newborn or newly adopted dependant/s.
- A 30% co-payment will apply to claims where a GP has not been nominated.

Dependant number	Name of GEMS beneficiary	Name of GP	Practice number	Doctor's telephone number
Dependant 1		Primary GP		
		Secondary GP		
Dependant 2		Primary GP		
		Secondary GP		
Dependant 3		Primary GP		
		Secondary GP		

Section 4: Important notice

Please note that in terms of the Scheme Rules, the completed form and relevant supporting documentation need to be returned to the Scheme within 60 days of the birth or adoption of your child/ren. Contributions for your child will be due from the first day of the month born or adopted.

Failure to register your child/ren as dependant/s on the Scheme from the date of their birth or adoption may result in claims not being covered, resulting in you becoming liable for those accounts.

Section 5: Declaration

I, ID no.
 declare that I have read and understand the information above and that the information provided by me is true and correct.

Authorised signature _____

We are committed to protecting your personal data

Your right to privacy and security is very important to us. The Government Employees Medical Scheme (GEMS) and its contracted Service Provider Network (SPN) treat personal information as private and confidential. We collect personal information for the purposes set out in the Scheme's Registered Rules or otherwise communicated to you and we use your information for a number of different purposes, for example to provide our services to members and others and to meet our legal and regulatory obligations. For more detailed information on how and why we use your information, including the rights in relation to your personal data, and our legal grounds for using it, please view the *GEMS Protection of Personal Information Policy and Promotion of Access to Information Manual* on our website at www.gems.gov.za.

Make use of the multi-function GEMS Member App to interact with the Scheme at home or on the go to make your life easier.

Use the QR Code to download the GEMS Member App










Private bag X782 Cape Town • **Call Centre:** 0860 00 GEMS (4367) • **Fax:** 0861 00 GEMS (4367)
Email enquiries@gems.gov.za • **Fraud Line** 0800 21 2202 • **HIV Aids Helpline** 0860 436 736 • www.gems.gov.za

2

The Government Employees Medical Scheme (GEMS) is an authorised Financial Services Provider (FSP No 52861)

Contact Details:

-  **GEMS CONTACT CENTRE** - 0800 00 4367 (toll-free)
-  **WEB** - www.gems.gov.za
-  **FAX** - 0861 00 4367
-  **EMAIL** - enquiries@gems.gov.za
-  **POSTAL ADDRESS** - GEMS, Private Bag X782
Cape Town, 8000
-  **GEMS FRAUD HOTLINE** - 0800 212 202 (toll-free)
gems@thehotline.co.za
-  **GEMS EMERGENCY SERVICES** - 0800 44 4367 (toll-free)
ICT Service desk - (012) 366 4618


Client Liaison Office (CLO)

Driving empowerment through education.


The CLO unit drives member education sessions and workshops to empower members and improve understanding of benefits, Scheme rules and processes.

If you would like one of our CLOs to visit your department, please send an email to clo@gems.gov.za







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[@GEMSMEDICALAID](#)



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YOUTUBE
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LINKEDIN
Government Employees
Medical Scheme








Use the QR Code to download the GEMS Member App

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App Store

 EXPLORE IT ON
AppGallery

Disclaimer

This brochure contains a summary of the healthcare benefits offered by GEMS for the year 2026 and the required monthly contributions/premiums associated therewith ("2026 GEMS Benefits and Contributions"). The 2026 GEMS Benefits and Contributions forms part of the GEMS Rules, which are subject to the approval of the Council for Medical Schemes ("CMS"). Benefits are subject to network arrangements and Scheme Rules.

GEMS is an authorised Financial Services Provider (FSP No. 52861).

This brochure provides factual information only and does not constitute financial advice as defined under the Financial Advisory and Intermediary Services (FAIS) Act. Members who require financial advice regarding their medical scheme option selection should contact the call centre for referral to an accredited advisor.

This summary is for information only and does not replace medical advice. Final benefits are governed by the GEMS Scheme Rules, your option, network use, and pre-authorisation. Some services may require clinical motivation or be paid at scheme tariff (member co-payments may apply for out-of-network providers, non-formulary items or non-authorised services). Always confirm your benefits, provider network status and authorisation before booking. In case of a dispute, the Scheme Rules apply.

In the event of a discrepancy between the wording of this brochure and that of the published GEMS Rules, the latter will take precedence. For the full version of the 2026 GEMS Benefits and Contributions, kindly refer to Annexures B, C, D, E, F and G of the GEMS Rules, which may be found on the GEMS website at www.gems.gov.za. You may also contact us directly on 0800 00 4367 (toll-free) to request a copy