

YOUR GEMS MATERNITY PROGRAMME GUIDE



Congratulations on your pregnancy and welcome to the GEMS Maternity Programme

The Programme aims to ensure that you receive access to the best in healthcare benefits and advisory services during your pregnancy, to help you make informed choices and take better care of yourself during this time. If you have pregnancy-associated risks, the GEMS Maternity Programme will support you in managing these risks and reducing any possible complications.



Your Maternity JOURNEY



Starts Here

Early registration.

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



A dedicated **midwife is assigned to you** for health risk interventions and support.



Your **maternity care plan benefits** are allocated to you.



You will receive your **Maternity bag** from 27 weeks of pregnancy. And you will need to book your hospital bed and **receive pre-authorisation**.



You will continue to receive **support from the midwife** and the psychosocial team after the delivery of your baby.

Don't forget to **register your newborn** as a GEMS dependant within 60 days of birth.



You will continue to have **access to the website 12 months** after delivery of your baby.



You will **receive information** in the form of brochures, SMS, access to the website, midwife and psychosocial telephonic support.



Maternity Care and Support Services

The care and support services that form part of the Maternity Care Plan are as follows:

Service	Care and support intervention	Value
Telephonic support	A midwife will contact you for a health risk assessment and scheduled follow-up support calls for every trimester of your pregnancy. High risk cases will receive monthly support calls.	You will be assigned your own midwife who will provide telephonic consultations to support you and uncover vital risk factors, which will ensure you receive appropriate care. You will receive all the information you need to maintain optimal wellbeing before, during and after your pregnancy. You can also contact your midwife anytime during your pregnancy for advice, support, or information.
Telephonic psycho-social support	Unlimited access to the telephonic psycho-social service up to six weeks postnatal.	During pregnancy, you may experience stress or anxiety. The GEMS Maternity Support Programme offers you access telephonic counselling whilst registered on the Programme.
Correspondence items	Monthly newsletters and SMS's.	You will receive educational material covering pregnancy related topics. You will also receive a free practical pregnancy hand-book to further help keep you informed. SMS's to confirm your registration, advise you of any missed calls, and inform you when your GEMS gift bag is on its way.
Maternity website up to 12-months postnatal	Access to the maternity website upon registration onto the maternity programme up to 12-months after giving birth.	Access a library of wellbeing information consisting of articles, and resources to support general wellbeing during and after your pregnancy.
High-risk maternity support	Monthly follow-up support calls and referral to relevant Disease Management services and resources.	If your pregnancy is considered high-risk, the Maternity Programme will provide you with support services created specifically for high-risk pregnancies.
Postnatal wellbeing and return to work support	A support call from a midwife at 6 weeks postnatal. Unlimited access to telephonic psycho-social counselling up to 12 months after giving birth.	The midwife will keep in touch with you after you give birth to provide you with support in the first weeks after giving birth. Our psycho-social service is also available to assist you during any challenges and when planning your return to the workplace.

Pregnancy and HIV/AIDS

As an expectant mom, you want to be sure that you are taking steps that will have the best outcome for you and your unborn child. It is very important that you know your HIV/AIDS status. The GEMS Maternity Programme provides two (2) HIV/AIDS tests during your pregnancy as part of your care plan. The first test must be done in your first trimester, and the other in the third trimester of pregnancy. If you are HIV positive, it is important

to ensure that you are healthy throughout your pregnancy and that you take all the necessary steps to reduce the possibility of your baby being born HIV positive.

Our healthcare professionals will inform you how to protect your unborn child from being infected. You will also be advised on your nutritional requirements for your health and that of your baby.

NOTE: If you are HIV positive, your doctor must register you on the HIV/AIDS Disease Management Programme (DMP) immediately so you may receive treatment to prevent the transmission of the HIV virus from you to your baby. This also includes treatment for your new-born baby from birth up to six (6) weeks postnatal.



Application forms for the HIV/AIDS programme are available on www.gems.gov.za. Call the confidential HIV/AIDS DMP number on 0860 436 736, or fax 0800 436 7329, send a please call me to 083 843 6764, or email hiv@gems.gov.za.

High Risk Maternity Benefits

Your midwife will guide and support you to access care and funding for high-risk maternity conditions, to ensure that you have sufficient consultations and procedures to maintain a healthy pregnancy.

Non-Invasive Prenatal Testing (NIPT) is available for members with medium and high-risk pregnancies, to assist with determining the possible risk of the baby being born with certain genetic abnormalities. The NIPT is a blood test that can be done as early as nine weeks into your pregnancy.

Your doctor should apply for a NIPT test if any of the follow applies to you:

- Advanced Maternal age (women who are over 35)
- History of chromosomal abnormalities (women who have previously had a baby with a chromosomal abnormality)
- Ultrasound anomalies (if there were abnormalities in you first pregnancy scan)

- Women who have a family history of genetic disorders,
- Multiple pregnancy (women who are carrying twins or higher order multiples)
- Any other medical reason that your doctor feels a NIPT should be done

In addition, if your pregnancy is classified as high-risk due to a history of a chronic condition, you will be referred to the appropriate Chronic Disease Management Programme, for example: HIV, asthma, diabetes, or hypertension. Your treating doctor can apply for additional high-risk maternity benefits. An Ambulatory Prescribed Minimum Benefit (PMB) form is used to apply for high risk maternity benefits. To apply for additional high-risk maternity benefits (i.e., additional service, such as extra consultations, pathology or radiology tests), you and your treating doctor must complete sections A, B, D and E on the PMB form. The PMB application form must be

accompanied by a letter of motivation and other supporting information detailing your maternity risk condition. The application and motivation will be reviewed, and the decision will be communicated to you and your healthcare practitioner.

The PMB application form is available from the GEMS Maternity call centre 0860 004 367 or can be downloaded from www.gems.gov.za. The completed application form must be sent to enquiries@gems.co.za or fax to 0861 004 367.

GEMS Maternity Programme Care Plan Ante-Natal Scheme Benefits

Your Maternity Care Plan Utilisation Guideline describes the plan of care during and after your pregnancy. It explains which maternity benefits you may access, when and how often you should visit your healthcare provider. The benefits are pre-determined and designed to provide you and your doctor with an overview of what the scheme covers. The below guides will assist your doctor in claiming from the correct benefit for ante-natal consultations.











ICD Code Condition List

ICD code	Code Description
Z34.0	Supervision of normal first pregnancy
Z34.8	Supervision of other normal pregnancy
Z34.9	Supervision of normal pregnancy, unspecified
Z35.0	Supervision of pregnancy with history of infertility
Z35.1	Supervision of pregnancy with history of abortive outcome
Z35.2	Supervision of pregnancy with other poor reproductive or obstetric history
Z35.3	Supervision of pregnancy with history of insufficient ante-natal care
Z35.4	Supervision of pregnancy with grand multiparity
Z35.5	Supervision of elderly primigravida
Z35.6	Supervision of very young primigravida
Z35.7	Supervision of high-risk pregnancy due to social problems
Z35.8	Supervision of other high-risk pregnancies
Z35.9	Supervision of high-risk pregnancy unspecified
Z36.0	Ante-natal screening for chromosomal anomalies
Z36.1	Ante-natal screening for raised alpha-fetoprotein level
Z36.2	Other ante-natal screening based on amniocentesis
Z36.3	Ante-natal screening for malformations using ultrasound and other physical methods
Z36.4	Ante-natal screening for foetal growth retardation using ultrasound and other physical methods
Z36.5	Ante-natal screening for isoimmunisation
Z36.8	Other ante-natal screening

Are you pregnant or thinking of falling pregnant?

These guidelines are here to help you optimise the maternity benefits that are available to you when you are registered on the Maternity Programme. Please contact the GEMS Maternity Programme on 0860 00 4367 for more information on these benefits.



Benefit / Tariff Codes	Services	1st Trimester	2nd trimester (13 -26 weeks)					3rd trimester (27 - 40 weeks)				Post Natal
		 ≤12 weeks	 13 - 15 weeks	 16 weeks	 20 weeks	 20 - 24 weeks	 26 weeks	 27 - 28 weeks	 32 weeks	 38 weeks	 41-42 weeks	
0000190/0000191, 000192 *98420	GP/Midwife Consultation - (Blood Pressure, Glucose, Weight, Height, Urine test)	✓	✓	✓	✓	✓	✓					
	Blood test: Full blood count-Haemoglobin test	✓						✓				
	Blood test: Blood group with Rhesus	✓						✓				
	Blood test: HIV (Elisa or other screening test)	✓						✓				
	Blood test: Venereal Disease Research Laboratory (VDRL)	✓										
As per the Maternity Vitamins list	Macroscopic Urinalysis	✓	✓	✓	✓	✓	✓	✓	✓	✓		
	Vitamins Supplements script	✓	✓	✓	✓	✓	✓	✓	✓	✓		
	2D Ultrasound: 10 - 14 weeks + nuchal translucency assessment	✓	✓									
	• The member has the option of the following scans that will be paid to the value of a 2D scan:											
	• 3D Ultrasound: 10 - 14 weeks + nuchal translucency assessment	✓	✓									
0003617	2D Ultrasound: 20 - 24 weeks + detailed anatomical assessment				✓							
	• The member has the option of the following scans that will be paid to the value of a 2D scan:											
	• 3D Ultrasound: 20 - 24 weeks + nuchal translucency assessment				✓							
0000190/0000191, 000192 *98420	Gynaecologist/Obstetrician Consultation - (Blood Pressure, Glucose, Weight, Height, Urine test)								✓	✓		
Maternity Support	Trimester Calls	Expect 1st Trimester call	Expect 2nd Trimester call					Expect 3rd Trimester call				Expect Postnatal call
Maternity Info & Content	Welcome Pack, Trimester Brochure and SMS*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	

GEMS Maternity Vitamin Formulary

A healthy and balanced diet is the best way to get the vitamins and minerals you need, especially during pregnancy. Prenatal vitamins can help to cover any nutritional gaps in your diet.

It is important that your doctor prescribes prenatal vitamins from the Maternity Vitamins Formulary and will be funded up to a cut-off of R165 per month. Additional vitamins that are not part of the formulary list may incur additional out of pocket costs.

NAPPI	Product Name	Form	Schedule	Quantities And Limitations
701477	9 Months +	CAP	0	Max 9 Rx/annum
713206	Bao Filivit	CAP	0	Max 9 Rx/annum
716246	Chelaplus Iron Pregnancy Formula + Folic	CAP	0	Max 9 Rx/annum
891794	Chela-Preg	TAB	0	Max 9 Rx/annum
721203	Clicks Pay Less Prenatal Supplement	TAB	0	Max 9 Rx/annum
711165	Clicks Pregnancy Supplement	CAP	0	Max 9 Rx/annum
715700	Complenatal FF	CAP	2	Max 9 Rx/annum
817856	DS-24	CAP	0	Max 9 Rx/annum
702926	DS-24 Vegi	CAP	0	Max 9 Rx/annum
726257	Filibon	CAP	1	Max 9 Rx/annum
704200	Foodstate Pregnancy Formula	TAB	0	Max 9 Rx/annum
716535	Holistix Total Supply Peggies	CAP	0	Max 9 Rx/annum
703088	Jules Topsport Prenatal Formulation	TAB	0	Max 9 Rx/annum
710664	Mom2B	CAP	0	Max 9 Rx/annum
712356	Nestle Materna (Centrum Materna)	TAB	0	Max 9 Rx/annum
894052	Nikibon	CAP	0	Max 9 Rx/annum
712714	Pharmaton Matruelle	CAP	0	Max 9 Rx/annum

715036	Preg Smart Vitamin Complex	CAP	0	Max 9 Rx/annum
NAPPI	Product Name	Form	Schedule	Quantities And Limitations
723675	Preg Vit	CAP	0	Max 9 Rx/annum
722210	Preggy-Mama	TAB	0	Max 9 Rx/annum
715465	Pregi Forte	CAP	0	Max 9 Rx/annum
711697	Pregnacare	TAB	0	Max 9 Rx/annum
714323	Pregnacare Plus (28 Tablets and 28 Caps)	KIT	0	Max 9 Rx/annum
718110	Pregnancy Boost	EFT	0	Max 9 Rx/annum
701693	Preg-Natal	CAP	0	Max 9 Rx/annum
834890	Pregnavit M	CAP	0	Max 9 Rx/annum
724001	Pregnavit M Fizzy	EFT	0	Max 9 Rx/annum
704602	Pregs Vitamin & Mineral Supplement	CAP	0	Max 9 Rx/annum
893038	Pregvit MR	TAB	0	Max 9 Rx/annum
707327	Preg-Well	CAP	0	Max 9 Rx/annum
716965	Pregwise	TAB	0	Max 9 Rx/annum
707051	Puritan's Pride Prenatal Complex	CAP	0	Max 9 Rx/annum
707079	Puritan's Pride Prenatal Vitamins	TAB	0	Max 9 Rx/annum
710638	RDA-Preg	TAB	0	Max 9 Rx/annum
715130	Scriptsavers Expecta	CAP	0	Max 9 Rx/annum
721111	Supravit Active Preg	CAP	0	Max 9 Rx/annum
704433	Suprememe Pregnancy Booster	CAP	0	Max 9 Rx/annum
776270	Triplex Expectavit	CAP	0	Max 9 Rx/annum
872970	Vital Pregnant Women Plus (WAS Multime)	CAP	0	Max 9 Rx/annum



Your First Trimester

Weeks 0 - 12

Congratulations on your pregnancy!
Welcome to your First Trimester.

Pregnancy is an extraordinary time for you and your growing baby. Your body and your emotions will change as never before, while inside you your baby is developing faster than he/she will at any other time in their life. While there may be some discomfort, it is also true that there is a special glow that comes with pregnancy. Most women say that pregnancy and childbirth are experiences they will never forget!



YOUR PREGNANCY = 40 WEEKS - 3 TRIMESTERS of 13 WEEKS EACH

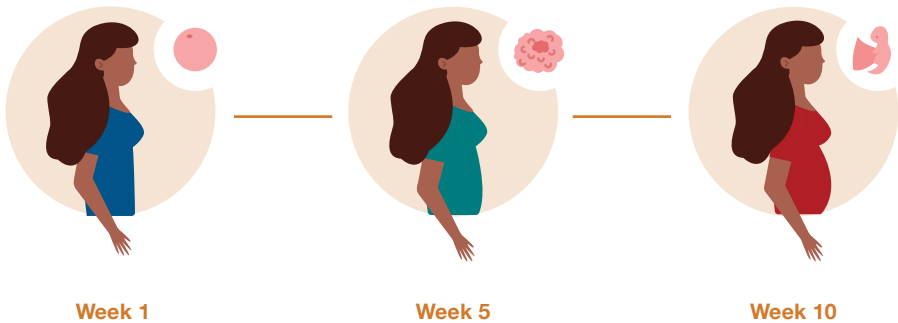
You will receive a maternity newsletter from GEMS in every trimester informing you about the changes in your body and the growth and development of your baby.

What to expect

- You will receive monthly e-newsletters that cover relevant topics to help make your pregnancy a positive experience.
- GEMS Maternity midwives will be available to assist you telephonically with information, advice and support.
- You will have access to other professionals to provide support for chronic diseases and psychological challenges such as stress during your pregnancy.

What happens to your baby

- Your breasts may become more sensitive and fuller. The nipples start to enlarge and the dark areas around the nipples become darker.
- Fatigue - you may have less energy and may need to rest more often.
- Morning sickness (nausea and some vomiting) may occur throughout this trimester. Some women experience very little morning sickness while others have it all day.
- You start urinating more frequently as a result of the changing hormones and an enlarging uterus.
- It is also likely that you may experience mood swings. These are mainly due to the change in your hormone levels.
- You may gain some weight. A total weight gain of between 1kg and 2.5kg is normal and recommended in the first trimester.



Important Information

- You need to attend Antenatal Care (ANC).
- Identify a Midwife or a GP for consultations and check-ups and to have the blood tests according to the Maternity Care Plan.
- Start with vitamin supplements as prescribed by your healthcare provider according to the Scheme's Formulary (Scheme will contribute a limit of R165 per beneficiary per month).
- Eat a well-balanced diet consisting of proteins, carbohydrates, fats and fruit and vegetables.
- Limit your intake of caffeine and avoid alcohol and smoking.
- Remember: The Scheme provides a Pregnancy scan benefit for 10 - 14 weeks on all options. 3D and 4D scans are funded up to the value of a 2D scan.

When you visit your healthcare provider, take your Vitamin Formulary list and Maternity Benefits Guideline so your doctor can prescribe the covered prenatal vitamins and to ensure you get the best of out your benefits, and your doctor can claim smoothly.



Your Second Trimester

Weeks 13 - 27

Congratulations!

You have reached your Second Trimester.

The fact that you are expecting a baby has really sunk in now and hopefully the nausea and tiredness of early pregnancy have lessened or even disappeared.



DID YOU KNOW?

Your baby has their own unique fingerprints. Feeling a regular tapping sensation? It's probably just your baby having hiccups.

What happens to your body

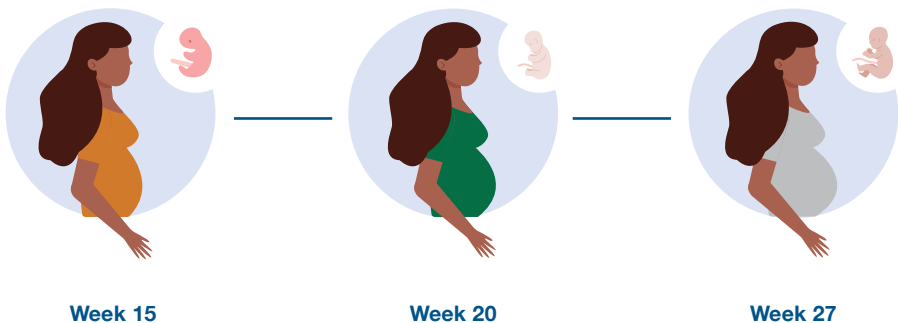
- Your pregnancy becomes more noticeable during the second trimester. Usually first-time mothers show a little later due to strong abdominal muscles.
- You may feel the need to urinate often due to the increasing size of the uterus.
- You will start to feel your baby move from between 16 to 20 weeks. At first it will feel like the movement of a butterfly in your lower abdomen, but as the baby grows, you will feel stronger movements.
- You may develop a hormone-related dark line, called the linea nigra on your abdomen - this usually fades after the birth of your baby
- You may develop stretch marks.
- The pressure of the growing baby might make your belly button pop out and stay that way until after the birth.

What happens to your body (cont.)

- Your ankles and feet may become swollen due to water retention. If this is excessive, you must contact your healthcare provider.
- Your gums become softer and may be prone to bleeding when you brush your teeth, be thorough and gentle whilst brushing.
- Your breasts may be feeling very tender due to the hormonal changes in preparation for breastfeeding.
- Expect to gain weight during the second trimester. The amount of weight gained differs from person to person.

What happens to your baby

- Your baby's finger and toenails are well formed.
- Your baby has the ability to swallow, absorb and discharge fluids.
- Your baby yawns and stretches in the uterus from time to time.
- Your baby is able to cough and hiccup.
- Your baby moves and can hear sound.
- At the end of 24 weeks, your baby's eyes will have opened for the first time.



Important information

- You will start gaining weight.
- You will start feeling your baby move.
- Identify a Midwife or a GP for consultations and check-ups and to have the blood tests according to your Maternity Care Plan.
- Start with vitamin supplements as prescribed by your healthcare provider according to the Scheme's Formulary.
- Attend the antenatal care according to the Maternity Care Plan.

REMEMBER: The Scheme provides a pregnancy scan benefit for 20 - 24 weeks. 3D and 4D scans are funded up to the value of a 2D scan.



Your Third Trimester

Weeks 28 - 40

Congratulations!

You are now in the final part of your pregnancy!

You are now in the home stretch of your pregnancy with just a few more weeks to go.



DID YOU KNOW?

Your baby's eyes are open and gains around 500g every week. Your baby's brain is growing fast and lungs are developing rapidly too. By the end of your pregnancy your uterus is 500–1000 times its normal size!

What happens to your body

- Your abdomen swells more and may sag a little lower.
- You may have backache and cramps in your hands or feet.
- Your breasts may leak colostrum although some women don't produce this until the baby is born.
- You may find it difficult to get enough restful sleep.
- Pressure on your bladder means you may need to get up at least once each night to urinate. You may feel a little bit of urine leak when you run, cough, sneeze or laugh.
- Some women experience false contractions called "Braxton Hicks" around 32 to 34 weeks of pregnancy. If these contractions cause concern, consult your healthcare provider.

What happens to your baby

- Your baby's movements become more active, but later, as the baby grows and space becomes limited, baby's movement may be less obvious.
- Organs mature during the third trimester.
- Your baby responds to stimuli - including pain, light and sound.
- The ideal weight for a new born is between 2.6kg and 3.8kg.



Week 28



Week 35



Week 40

Important Information

- Make sure you attend all your doctor's appointments.
- Call GEMS Pre-authorisation to book your bed for the delivery of your baby.
- Prepare your baby bag.
- Prepare transport to go to the hospital.
- Get somebody to assist you with the baby after delivery.



Postnatal: Your baby has arrived

Congratulations on the birth of your baby!

Some important information:

- Attend the post-delivery check up with your clinic, midwife or doctor.
- Breastfeeding is encouraged.
- Make preparations of going back to work and make arrangements of who is going to assist with the baby.

REMEMBER: Do not forget to register your newborn as a dependant with GEMS within 60 days of birth. Register your baby as soon as possible to ensure that GEMS pays for any visits to a doctor and/ or admissions. You can download the newborn registration form from www.gems.gov.za.



Benefits for you and your baby

Parents are constantly concerned about the health and safety of their children and take many steps to protect them. One of the best ways to protect your baby is to make sure they have all of their vaccinations at the scheduled time.

- Registered GEMS dependants will have access to all vaccinations (including the second bivalent oral Polio vaccine (b-OPV), first Rotavirus vaccine, first Pneumococcal Conjugated vaccine (PVC), first DTap-IPV-Hib-HBV vaccine, and a Influenza vaccine (after 6months of birth)) where clinically appropriate. Child vaccines are paid up to R780 per beneficiary per year from risk and if beyond the difference, it will be processed from available day-to-day funds depending on your scheme option. Also note, the Rotarix liquid oral vaccine requires pre-authorisation from the Scheme.
- Hearing tests conducted at birth are recommended to detect any hearing problems in infants. GEMS offer all options infant hearing screenings once per annum, per beneficiary.
- Neonatal hypothyroidism is a common neonatal endocrine disorder that can become a lifelong condition. It occurs because the thyroid is either missing or defective. GEMS offer neonatal hypothyroidism screening once per neonatal beneficiary up to 28 days of age.
- Contraceptives are available on all Scheme options.

You can contact us for information, advice, and support at any time until 6 weeks post-delivery.

GEMS Birthing Options

Your baby. Your choice.

Your baby's birth

The birth of a baby is a life-changing event. Your birth choice, how you will deliver your baby, is one of the most important decisions you need to consider in preparation for your baby's birth.

Your general health and wellbeing, as well as that of your baby, will be the determining factors in the scope of the choices you have. Learning more about the birthing process and the advantages and disadvantages of each birthing option and consulting your doctor, can help you can make an informed choice. The goal of delivery, whether by vaginal birth or surgical by Caesarean Section (C-section), is mom's health and safety, and the safe delivery of your baby.

Normal delivery at a hospital

Normal vaginal delivery (NVD) starts spontaneously around 37 to 42 weeks of pregnancy. Your baby is delivered through your vagina at a hospital. This is often the most common and preferred mode of delivery.

Advantages

- You and your baby are monitored throughout the labour process and trained medical staff are available if you experience complications
- Having a normal birth also prevents you from undergoing surgery and any related complications
- Your stay in hospital is shorter than with a C-section
- A NVD helps to squeeze fluid from the baby's lungs, preparing him or her for that first breath and life outside the womb
- Babies born vaginally are likely have fewer breathing problems and therefore less chance of requiring care in the neonatal intensive care unit (ICU)
- There is some evidence to suggest that children born naturally have better immune systems, and are less likely to get asthma or become overweight
- Non-medicated pain relief options for a NVD include breathing techniques and a support from a birth partner. Your partner can learn massage techniques to help you relax or use hot and cold packs for pain relief. Soft music in the labour room also aids relaxation
- Some units offer the use of a TENS machine that uses electrical pulses to reduce pain messages to your brain. You may also be able to hire a machine and bring it with you
- Medicated pain relief options include gas and air or painkillers
- The gas is a mixture of nitrous oxide gas and oxygen. You inhale at the start of the contraction to take the edge off the pain.
- Pethidine is an opioid painkiller which is injected into a muscle or given intravenously (a needle is placed in your hand, directly into the vein). It relieves pain and help you relax but it can make baby sleepy
- Alternatively, you can have an epidural, where local anaesthetic is injected into the epidural space near the spinal cord, to block the pain of your contractions. You will still be able to feel pressure and can push your baby out

- You can start breastfeeding your baby immediately and begin the bonding process
- When it comes to costs, vaginal birth is less expensive than an elective C-section.
- Recovery time after a vaginal birth is much quicker than with C/S – around three to six weeks; slightly longer if you tear or have an episiotomy

Disadvantages

- Excessive monitoring can lead to unnecessary medical intervention
- You may want to be comforted by familiar surroundings and a hospital is not always a cozy or comforting place

Home birth

Home birth is a safe option if your pregnancy remains normal. Your midwife should use up-to-date, portable equipment and be able to get to your home quickly. Always discuss a possible hospital in case of an emergency. Your midwife will make the arrangements in advance.

Advantages

- You are in a familiar, comfortable and private surroundings while delivering your baby
- You don't need to travel to the hospital when labour begins
- You have control over your experience
- You can use anything in your home to help you relax and cope with your contractions. For example, taking a bath or shower when you want to
- Siblings and loved ones can be present for the birth of the baby
- You won't feel pressured to use various interventions if you don't want to
- Any religious or culture practices can be accommodated
- Pain relief options include massage from a partner or other family member, breathing techniques, acupuncture and/or reflexology
- You can hire a TENS machine or birthing pool to use at home
- If you want to consider medicated pain relief options like pethidine or gas and air, your midwife should be able to supply these
- After the birth, baby can start breastfeeding immediately and you can have skin to skin contact for as long as you like
- When you are ready, you can give your baby his or her first bath
- Family can visit immediately after the birth
- Costs are significantly lower
- Recovery time is around four to six weeks

Disadvantages

- If you experience complications, the assistance you will receive relies on the expertise of the nurse or midwife and on the ease of transfer to the hospital, should this be necessary.



Water birth at home or in hospital

This is a normal delivery that takes place underwater in a birthing bath and can be used as a form of pain relief during labour. This birthing option is only available for uncomplicated pregnancies. If you opt for a water birth at home, your midwife must arrange for a hospital transfer in case of an emergency.

Advantages

- You can move freely in the water
- The warm water relaxes the muscles of the cervix and body. The more relaxed you are, the more in control you are likely to feel
- Your pain threshold (ability to handle a level of pain) increases in the water, decreasing the need for additional pain medication
- The duration of labour may be shorter. Your partner can remain in the pool with you during your labour but will need to exit the pool before you begin pushing
- Less likelihood of a tear or need for an episiotomy as the perineum becomes more elastic in the water
- Baby is birthed into an environment very much like the one he or she is used to in the womb
- After the birth, you can immediately place baby on your chest. Breastfeeding can commence as soon as you want to
- Recovery is between four and six weeks

Disadvantages

- There could be a risk of infection to you and the baby from containments in the water. There is no way to prevent this, but if you are concerned, you can opt to stay in the birthing pool until the pushing stage, where you can exit the pool and delivery your baby out of the water
- Risk for an umbilical cord tear (reducing oxygen to the baby before the cord is cut) Baby may inhale water which can cause a lung infection
- There may be a difficulty in regulating baby's temperature after the birth

Caesarean section (C-section)

The baby is delivered via an incision through the abdomen and uterus. It may save the baby and mothers life, but the effects of major surgery and anaesthesia may cause the mother and the baby to experience complications.

Advantages

- A scheduled delivery
- Discomfort of labour is avoided
- Less chance of pain around the vagina and anus afterward
- Less risk of heavy bleeding after birth
- Slightly less chance of urinary incontinence (accidental leakage of urine, especially when laughing or coughing) in later years
- Less risks to the baby for certain birth injuries

Once a woman has had her first C-section, she is more likely to have one in her future deliveries and will be at greater risk of serious future pregnancy complications. Elective C-section for non-medical reasons is especially not recommended if a woman is planning to have several children. Recovery is between six and eight weeks.

Elective C-section

The C-section is planned during pregnancy. However, if an elective C-section is chosen as a personal preference without any medical reason for the surgery, GEMS will fund the hospital account up to the amount of a normal vaginal delivery. This will result in a shortfall on the hospital account which the member will be liable for.

Emergency C-section

An emergency C-section is performed when complications occur during labour. In some cases, the need for a C-section doesn't become clear until labour has already started. Some mothers who intend to deliver by means of NVD, may need to deliver by C-section. This may occur when labour progresses poorly - the baby is too big to fit through the birth canal (vagina) or there are complications with the placenta and/or umbilical cord.

Other reasons for a C-section:

- **The baby's condition and position.** The baby's heartbeat, which will be monitored on the electronic trace machine throughout labour, may suggest that the baby is having difficulty (foetal distress). Should your baby be positioned in the womb where the head is at the top and the feet at the bottom (breech position) at the end of pregnancy, delivery by a C-section is the safest option.
- **Pregnancy with multiple babies (twins).** In some cases, delivery by C-section is necessary.
- **HIV positive mother.** A C-section is the preferred method of delivery if the mother is HIV positive. This reduces the changes of mother to child transmission of the HIV virus.
- **Previous C-section.** In most cases, the preferred delivery method after a previous C-section is a repeat C-section.

Potential complications of a C-section

- **Postpartum endometritis.** This is an infection of the womb that may develop four to seven days after surgery. It is treated with antibiotics.
- **Bleeding.** Usually treated with medicine that causes the womb to contract and stop bleeding. A blood transfusion, surgery and in rare cases a hysterectomy (surgical removal of the womb) may be required.

- **Injury to pelvic organs.** Injury to the bladder or intestinal tract may occur
- **Deep vein thrombosis (DVT).** Pregnancy and a C-section increases the risk of developing blood clots in the legs, known as DVT. The risk may be reduced by wearing anti-DVT stockings and walking as soon as 24 hours after the C-section. Women at high risk of developing DVT may be given an anticoagulant (blood-thinning medication) to reduce their risk.

Important to note:

- You need to contact GEMS to obtain a pre-authorisation number to deliver your baby. If you prefer a home delivery with the assistance of a midwife, you will still need to obtain pre-authorisation. For pre-authorisation, call 0860 00 4367.
- Please remember to contact GEMS hospital pre-authorisation department if your new-born baby must stay in hospital after birth due to complications.
- It is your responsibility to register your new-born as a GEMS dependant within 60 days of birth. Register your baby as soon as possible to ensure that GEMS pays for any visits to a doctor and/or admission.



Questions to ask your Gynae about your upcoming birth

Your general health and wellbeing, as well as that of your baby, will be the determining factors when deciding on your birthing plan. Learning more about the birthing process, your personal needs and risks can help you can make an informed choice. We have prepared for you some questions you can ask your Gynaecologist/GP/Midwife to help you make the best decision for you and your baby.

1. What determines my mode (Natural birth-NVD, Home birth, Water birth, Emergency C-section, Elected C-section) of delivery?
2. Does my pelvis size determine if I can deliver naturally? What is the preferred pelvis size?
3. Is a NVD or C-section the best option for me? What are my personal risks and can you explain this to me?
4. What can I expect in terms of my recovery with a NVD or C-section?
5. I delivered my last baby via C-section. Am I a good candidate for a NVD with this pregnancy?

Your Birth Plan



While much of what happens during delivery is beyond your control, creating a birth plan will make your wishes known to medical staff. Talk the plan over with your healthcare provider — so that he or she has a clear idea of your preferences.

Do I Need a Birth Plan?

A birth plan provides a blueprint of what you would like for your baby's arrival and highlights your preferences with regards to labour and delivery.

You can never be totally in charge of your labour and delivery, but a birth plan will ensure that your birth partner and medical staff know what you want or don't want during and after your baby's birth. This includes your requirements for pain medication, people allowed in the delivery room, episiotomies and cord cutting.

Decide on your preferences, talk them over with your healthcare provider and make sure they fit in with the hospital's policy. Give your healthcare provider and the hospital a copy of your written birth plan for your file and keep an extra copy in your labour bag. Build some flexibility into your plan to allow for those unforeseen circumstances. Remember, your health and safety and that of your baby always comes first, so plans may change accordingly.

What makes a successful birth plan?

- Get to know your options. Research various birth options so you know what is available and the pros and cons of each.
- Talk and listen. You and your healthcare provider are on the same team. Take time to chat to him or her about your preferences. Allow your healthcare provider to explain his or her reasonings as to why certain procedures may be necessary.
- Check on hospital policies. As early as possible in your pregnancy, get to know what the protocol is at the hospital where you plan to have to your baby. If this doesn't align with your own preferences, you may need to consider a different facility. Early planning gives you time to make changes if needed.
- Plan for unforeseen circumstances. Labour and delivery can be unpredictable. Allow for these in your birth plan. If a situation arises that is out of your control, your healthcare provider can make the right decision for you and your baby.



My Birthing Plan

While much of what happens during delivery is beyond your control, creating a birth plan will make your wishes known to medical staff. Talk the plan over with your healthcare provider so that he or she has a clear idea of your preferences.

My information

Full name: _____

Partner's name: _____

Today's date: _____ Due date OR induction date: _____

Doctor or midwife's name: _____

Hospital name: _____

Important information about me:

This is information about yourself that your healthcare team need to know. This includes medical conditions, HIV status (if you want to disclose) and pregnancy complications that you may have experienced, like gestational diabetes or preeclampsia.

My preferred birthing option

- ☐ Natural birth
- ☐ C-section
- ☐ Water birth
- ☐ No assisted delivery with forceps or a vacuum unless my baby is in distress.

Other: _____

What would you like to bring with you?

Examples: Music, candles, birthing ball, bean bag etc.

I would like to try the following pain-management techniques:

- ☐ I would prefer to try to labour without pain medication. I will ask if I want something for the pain
- ☐ Bath/shower
- ☐ Breathing exercises
- ☐ Massage
- ☐ TENS machine
- ☐ Epidural

Other: _____

Episiotomy

- ☐ I would prefer to tear naturally and not have an episiotomy.
- ☐ I would prefer to have an episiotomy, if needed.

Other: _____

Post-delivery I would like to:

- ☐ Hold my baby right away, putting off any procedures that are not urgent
- ☐ Breastfeed as soon as possible
- ☐ To wait until the umbilical cord stops pulsating before it is clamped and cut
- ☐ Have my partner cut the umbilical cord
- ☐ Bank my baby's cord blood privately

Other: _____

If I have a C-section, I would like:

- ☐ My partner present always during the procedure
- ☐ To hold my baby after birth
- ☐ To breastfeed my baby as soon as possible

Other: _____

My baby's care after birth:

- ☐ I do not want my baby to receive supplementary feeds unless medically indicated
- ☐ I want my baby to remain skin to skin after the birth
- ☐ I do not want my baby bathed for the first 24 / 48 / 72 hours

Other: _____

I would like baby to stay in my room:

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

Other: _____

I would like to feed baby:

- ☐ Only with breastmilk
- ☐ Only with formula
- ☐ On demand
- ☐ On schedule
- ☐ With the help of a lactation specialist

Other: _____

If baby is not well, I would like:

- ☐ My partner and I to accompany our baby to the NICU or another facility
- ☐ To breastfeed or provide pumped breastmilk
- ☐ To hold him or her whenever possible

Other: _____

Notes

Contact details



GEMS Maternity Programme

0860 436 777 for provider queries
0860 00 4367 for member queries
SMS "Call" to 32377



Fax

0861 00 4367



Web

www.gems.gov.za



Email

enquiries@gems.gov.za



Postal address

GEMS, Private Bag X782, Cape Town, 8000



GEMS Emergency Services

0800 444 367



GEMS Fraud hotline

0800 212 202
gems@thehotline.co.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



The digital membership card is available on the GEMS Member app and is convenient for members and their beneficiaries. 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.