

# + DISCOVERY HEALTH MATTERS

**Pregnancy –  
A simple guide  
to birth options**





# Discovery Health Matters

Discovery Health Matters is a layman's guide to important, but often misunderstood topics in healthcare. The information contained in this document is for informational purposes only, and should not be used to replace professional medical advice, or be used to diagnose or treat a medical condition.



## Birth options

It is your right as a pregnant woman to receive unbiased information about your childbirth options in order to make an informed decision. Consider all the evidence, trust your instincts and find an obstetrician who will support your decision.



## Hospital birth

A hospital is best equipped to diagnose and treat women and newborns with complications or those at high risk of complications.

### Natural (vaginal) birth

Most women who have uncomplicated pregnancies should be able to deliver via the normal vaginal route. The advantages of natural birth are that techniques are not invasive, so there's little potential for harm or side effects for you or your baby. The baby benefits from having his or her organs and systems massaged as he or she passes through the birth canal, a process that readies the child to enter the world. Many women have a strong feeling of empowerment during labour and a sense of accomplishment afterwards. Recovery is generally quicker after natural childbirth than after a caesarean section. Your partner can also be involved in the process as you work together to manage your pain.

### Caesarean section

South Africa has among the highest rates of caesarean section (C-section) deliveries in the world, and it is generally accepted that too many are performed in the private sector for convenience and fear of litigation and not for medical necessity. A C-section is a major abdominal surgery that, like any major operation, may be associated with some serious complications. It also takes longer to recover from than a natural delivery.

A caesarean section can be either planned (elective) or can be performed as an emergency during a complicated or failed normal vaginal delivery. It is often planned in a case where there is a medical reason (to do with either the mom or the baby) that poses a risk to a normal vaginal delivery.

The advantages are that planning the day and time your baby will be born is convenient, and you can limit any unforeseen risks to yourself and your baby.

If you have had a caesarean section in your first pregnancy, some experienced obstetricians may still offer a vaginal birth during your second pregnancy. This is called a vaginal birth after a Caesar (VBAC) and it may carry additional risks and is therefore not recommended by most obstetricians. If you have had caesarean section deliveries for your past two pregnancies, you will automatically be offered another caesarean section for your third child. What you choose for your first baby will therefore most likely affect your choices thereafter.



Discovery Health Medical Scheme funded **10 254 natural births** in 2012



Discovery Health Medical Scheme funded **27 524 caesarean sections** in 2012



## Home birth

If you want to have your baby in the comfort of your own home, find a qualified, registered midwife to assist you. You need to be prepared to go to a hospital if you have a medical emergency, or if you do not progress optimally. The equipment brought to a home birth should include resuscitation equipment for both mom and baby, oxygen, suction equipment and intravenous therapy.

The decision to birth at home needs to be well thought through and discussed with your healthcare provider. Home birth is really only an option for a low-risk pregnancy.



### Useful resources and additional information

Tum 2 Mum – <http://www.tum2mom.co.za/birth/birth-preparation/57-birthing-options>

Pregnancy Week by Week – <http://www.pregnancyweekbyweek.co.za/category/birth-and-more/>



## How Discovery Health Medical Scheme covers childbirth

\*All deliveries should be preauthorised with DiscoveryCare hospital services.

### In hospital

Most plans cover the birth of your baby from your hospital benefit up to the Discovery Health Rate. For a normal vaginal delivery, you are covered for three days (two nights). The day of delivery is counted as the first day.

For a caesarean section delivery, you are covered for four days (three nights). On KeyCare plans caesarean section is only covered if it is medically necessary. Your doctor will need to provide medical motivation if a longer stay in hospital is necessary.

To avoid co-payments, use doctors and hospitals within the Discovery Health network. These healthcare providers bill Discovery Health directly and Discovery Health pays them in full, so you don't need to pay anything in.

### At home

If you choose to give birth at home, with a qualified midwife, who is a registered healthcare provider, assisting you, their costs will be covered by your hospital benefit.

### Water birth

Discovery Health Medical Scheme covers water births from the hospital benefit, but you will need to pay for the hire of a birthing pool.



## Cover for your baby

Your baby will be covered by Discovery Health Medical Scheme automatically for the calendar month of his or her birth. Don't forget to register your precious bundle as a dependent on your medical scheme within the first month after birth. You can now do this online at: [www.discovery.co.za](http://www.discovery.co.za).

When your baby is born, he or she has his or her own cover. If your baby needs to stay in the neonatal intensive care unit (NICU), or needs medical treatment in hospital after birth, the baby will be covered from the hospital benefit.



**Join LivingVitality and become part of an online community that helps you make the right parenting decisions from day one.**

**Visit [www.livingvitality.discovery.co.za](http://www.livingvitality.discovery.co.za)**



# Your childbirth glossary

**Bilirubin:**

Pigment in the blood, urine, and bile that results from the normal breakdown of haemoglobin in the red blood cells. Excess bilirubin in newborns signals jaundice.

**Birth defect:**

Any defect present in a baby at birth, irrespective of whether the defect is caused by a genetic factor or by prenatal events that are not genetic.

**Breech:**

When an unborn baby lies with his feet or bottom downward, closest to the mother's cervix.

**Caesarean section:**

The delivery of a baby through an incision in the abdominal and uterine walls.

**Cervix:**

The cervix is the lower, narrow part of the uterus (womb). The uterus, a hollow, pear-shaped organ, is located in a woman's lower abdomen, between the bladder and the rectum. The cervix forms a canal that opens into the vagina, which leads to the outside of the body.

**Complication:**

When an unanticipated problem arises as a result of a procedure, treatment, or illness.

**Circumcision:**

Surgical removal of the foreskin from the penis, usually done shortly after birth.

**Colostrum:**

The milk secreted shortly before and for a few days after childbirth.

**Congenital:**

Present at birth.

**Crowning:**

The point in labour when the head of the baby can be seen at the vagina.

**Dilate:**

To stretch or enlarge.

**Doula:**

A non-medical assistant in childbirth. The role of the doula is to provide the mother with physical and emotional assistance before, during, or after childbirth.

**Due date:**

The estimated calendar date when a baby is due to be born.

**Fontanel:**

The soft spots on a baby's skull, present at birth.

**Hydrocephalus:**

A congenital birth defect in which excessive fluid gathers in the baby's skull.

**Induction:**

Artificial starting of labour.

**Jaundice:**

Inability of the body to break down excess red blood cells. Babies with jaundice look slightly yellow.

**Labour:**

The process of delivering a baby (along with the placenta, membranes and umbilical cord) from the uterus to the outside world. During the first stage of labour (which is called dilation), the cervix dilates (opens) fully to a diameter of about 10 cm.

**Lactation:**

Production of milk by the breasts.

**Lanugo:**

Fine hairs present on the body of a foetus.

**Meconium:**

The bowel contents of a baby at birth. The presence of meconium in the amniotic fluid can signal foetal distress.

**Neonatal:**

Relating to a newborn infant.

**Obstetrician:**

A doctor who specialises in the care of women during pregnancy and childbirth.

**Oxytocin:**

A hormone secreted during labour to stimulate contractions and milk production. It is sometimes administered in synthetic form to begin or speed labour.

**Paediatrician:**

A doctor who specialises in the care of children. A paediatrician is present at caesarean section deliveries in South African private hospitals.

**Pitocin:**

The synthetic form of oxytocin.

**Placenta:**

A temporary organ that joins the mother and foetus, transferring oxygen and nutrients to the baby and removing wastes.

**Placental abruption:**

Premature separation of the placenta from the uterine wall.

**Placenta previa:**

A condition in which the placenta partially or completely covers the cervix, hindering vaginal delivery.

**Postpartum:**

After birth.

**Prolapse of the cord:**

A situation during or before labour in which the umbilical cord passes through the cervix before the fetus.

**Show:**

The blood-stained mucus from the vagina, indicating that labour is about to begin.

**Stillbirth:**

Delivery of a foetus who has died after 28 weeks' gestation.

**Transverse presentation:**

Position in which the fetus is lying at right angles to the cervix when labour begins.

**Umbilical cord:**

The structure through which the fetus draws blood from the placenta.

**Vernix:**

A white, waxy substance that covers the foetus in the uterus. Some vernix is present on newborns at birth.

**Womb:**

The womb (uterus) is a hollow, pear-shaped organ located in a woman's lower abdomen between the bladder and the rectum. The narrow, lower portion of the uterus is the cervix.



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Discovery Health Medical Scheme Registration Number 1125.

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