

Pregnant? Here's what to expect from your medical scheme

In this issue of CMScript we focus on pregnancy as a prescribed minimum benefit or PMB. Medical schemes are required to fund the benefits prescribed in the Medical Schemes Act.

The law prescribes care for the delivery of the baby. The current PMB Regulations only include funding for antenatal care where it is necessary to hospitalise the mother before she gives birth.

Most medical schemes cover routine antenatal care as per their rules and not as part of PMBs. This benefit includes:

- consultations with your doctor (GP or gynecologist);
 - ultrasound scans; and
 - blood tests such as:
1. **Rapid Plasma Reagin (RPR):** This test will determine whether you have asymptomatic (i.e. presenting no symptoms) syphilis. Although the diagnosis and management of syphilis is a PMB, screening for asymptomatic diseases specifically is not funded as part of PMBs. You need to know whether you have syphilis so that precautions can be taken to prevent you from transmitting the disease to your baby.
 2. **Full blood count:** This is to check whether you have anaemia. Being anaemic is particularly risky during pregnancy because it means that not enough oxygen and iron is carried in your blood to help the baby's development.
 3. **Blood group and Rhesus blood group system (RhD):** The former is performed to determine which blood group you are (A, AB, B or O) and RhD is done to determine whether you are Rhesus-positive or -negative. This must be known to your doctor to determine whether there might be a chance that your unborn child could have a Rhesus factor which is incompatible to the mother's. If the child does not have the same Rhesus factor as the mother, the mother may develop antibodies against the baby which could put its life in danger. A pregnant woman must be given a Rhesus D injection at 28 weeks of pregnancy and after birth to prevent her body from developing antibodies against her baby. But the treatment is good for only that specific pregnancy and should be repeated during each pregnancy or after a miscarriage.

4. **Hepatitis B and hepatitis C tests:** These are done to determine whether the pregnant woman has hepatitis or not because there is a high risk that a pregnant woman can pass hepatitis on to her unborn baby.

Medicine during pregnancy

When you fall pregnant, your pre-existing PMB conditions remain covered in full, as well as any PMB condition that you may develop during pregnancy, e.g. diabetes.

- Some women experience morning sickness during pregnancy; treatment for morning sickness is not included in PMBs.
- Once pregnant and up to 12 weeks into pregnancy, women should take supplements of folic acid; folic acid is not covered by PMBs.
- Pregnant women with anaemia will need iron supplements; these are excluded from PMBs unless the condition is life-threatening to the woman. Multivitamins recommended for pregnant women do not fall within PMBs.
- Antiretroviral (ARV) therapy to prevent mother-to-child transmission of HIV is included in PMB Regulations as part of the HIV benefits. All care associated with HIV in a pregnant woman, including screening for TB, management of TB and prevention of TB must be funded as part of PMBs.

Delivering your baby

PMBs cover the delivery of your baby. Vaginal (natural) births are the norm and your medical scheme must fund them in full. Caesarean sections are covered by PMBs only if there are specific clinical reasons, like the foetus being in distress. Most schemes require the infant to be registered as a dependant with the scheme within 30 days of birth.

The Communications Unit would like to thank Ronelle Smit, Dr Selaelo Mamefja and Dr Boshoff Steenekamp for making this edition of CMScript possible.

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