A close-up photograph of a woman with dark, curly hair, smiling warmly while holding a sleeping baby. The woman is wearing a light blue and white striped shirt. The baby is wearing a white onesie. A large green circle is overlaid on the right side of the image, containing the text 'Maternity Guide'.

Maternity Guide

Stay up to date with the Lenmed Group:    
info@lenmed.co.za | www.lenmed.com



lenmed
Embrace every day

Congratulations, and welcome to Lenmed Maternity!

We are happy to be here to support and assist you during this wonderful and exciting time ensuring that your experience is as comfortable as possible for both you and your baby.

Please peruse this brochure at your leisure and make note of any questions or queries you may have regarding the journey ahead. The unit manager and our nursing staff are always available to provide support and to answer any questions regarding physiological and psychological changes you may go through.

So look forward to the special moments ahead, we are here to make your birthing experience a safe and memorable one.

Warm wishes,

The Lenmed Family



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General Information

Valuables and Indemnity

All valuables and cellphones are kept at your own risk. It is advised that you do not bring valuables when admitted. Lenmed and its staff are absolved from any liability in respect of any loss of personal effects sustained by visitors and patients.

Doctors

All specialists working at Lenmed Private Hospitals operate independently. Each doctor has his/her own time of visiting patients. Please communicate with your doctor should you feel uncomfortable about anything.

Tariffs

This is available on request from the accounts department.

Moms-to-be are requested to pre-book their stay at the hospital at 28 weeks.

Mom and Baby Bags are available for purchase

Pre-admission Procedure

Pre-bookings

Moms-to-be are requested to pre-book their stay at the hospital. This will ensure a quick admission process when you are due to deliver. Please make your bookings by 28 weeks.

Our nursing staff will assist you while your Obstetrician/Gynaecologist makes his/her way to you.

Private Patients

Please bring:

Deposit according to type of delivery and period of stay.

Identity document for the patient as well as for the person responsible for payment of the account.

Identity document of partner

Medical Aid Patients

Please bring:

Your valid medical aid card

Pre-authorisation reference from the medical aid

Identity document of the patient and principal medical aid member

Your employer's postal address and telephone number

Your levy if applicable


Identity document of partner

Please note that:

Patients will only be admitted through referrals by the doctor.

Doctors are not contracted or employed by Lenmed.

Your baby should be registered with your medical aid as soon as possible. This is the responsibility of the principal member and will ensure that payment is covered with medical aid should further treatment be required.



Patients will only be admitted through referrals by the doctor.

Preparations for your Stay

Moms Orientation

Before admission to the hospital you are welcome to visit the maternity ward and see where you will be delivering your baby. The nursing staff will orientate you to the ward and the nursery.

When you are at the hospital the receptionist can enquire with the ward when will be convenient for orientation. You may also call the nursing manager or sister in charge in the maternity ward. Please be sure to ask lots of questions.

When should you come to the hospital?

Labour is at times slow and you may have some false alarms. When in doubt, contact your doctor/ labour ward.

The following could be signs of labour:

When your contractions become regular occurring every ten minutes or less

You start to feel uncomfortable e.g. backache

Your water breaks

You experience a vaginal discharge e.g. clear liquid tinged brown or green

Bleeding from the vagina / mucous plug with small amount of blood

Length of Stay

This will depend on your Obstetrician/ Gynaecologist and your condition. Generally for a normal delivery one to two days and for a Caesarean Section three to four days.

What to bring

For yourself:

Toiletries

Soap

Shampoo

Toothbrush and toothpaste

Bath towel and face cloth

Change for telephone calls/phone card

Hair brush

Sanitary pads

Breast pads

Nipple cream

You and your baby will be continually monitored during labour.

Please enquire about our ante-natal classes.

Nipple shields (optional)
Books or magazines
Pajamas/night dress (front fastening)
Underwear (3 pairs)
Dressing gown
Change of clothes for departure
A pair of socks
Slippers
Feeding bras if breast feeding
A support bra if not breast feeding
Do not bring:
Jewelry
Ensure that your nails are free from varnish and false nails
For baby:
Three set of clothes
Blanket
Three vests
Three pairs of booties
Nappies (24)
Surgical Spirits
Cotton Wool
Vaseline
Baby Shampoo
Baby Oil
Baby Wipes
Dummy (Optional)
Bottle and teat (Optional)

On Arrival at the Hospital

Please advise our reception of your arrival. During the admission try to relax, you are in good hands. You will be directed into a pre-labour ward by a member of the nursing team where you will be asked to change into a hospital gown. The midwife will take a short history from you and do an assessment thereafter the doctor will be notified of your arrival.

Your husband/birthing partner will be requested to wait in the waiting room while the admission and assessments are completed.

The midwife / nurse will assess your abdomen and listen to your baby's heartbeat. An electric tracing of the baby's heartbeat and rate is recorded for a few minutes. Your temperature, pulse and respiration will be checked and urine sample taken.

At this point you should inform your nursing sister if you intend to breast feed or bottle feed your baby. Milk allergies will be noted.

Your Obstetrician/Gynaecologist or the midwife may conduct an internal examination to determine the dilation of the cervix and to gain other information.

A shave and enema may or may not be performed. These procedures are not done routinely as they vary from doctor to doctor. A shower or bath may be offered.

If you are in the latent phase (early labour) you may be encouraged to walk.

During Labour

Sharing your birth

Your husband or birthing partner is most welcome to stay with you while you are in labour.

Examination during labour

Your baby's heartbeat will be checked at regular intervals. Your temperature, pulse, blood pressure and urine will be taken approximately every hour or more frequently and recorded on a chart. Regular internal examinations will be conducted to determine the progress of your labour and the doctor or midwife may rupture your membranes if it has not already occurred. This will allow the doctor to see whether the fluid around your baby is clear or discoloured. You and your baby will be continually monitored during labour.

Meals during labour

You are requested to only have liquids during labour. Should there be a pending decision by your doctor for a Caesarean Section you will be requested not to eat at all (nil per mouth).

Types of Delivery

Normal delivery

An injection to help you relax and relieve pain might be given on the doctor's request. This does not take the pain away completely but does offer light relief.

Caesarean Section

Things to remember:

Do not eat or drink anything for at least 6 hours prior to the procedure

Discuss your regular medication with your doctor and if you need to take medication ensure that you swallow as little water as possible

Do not wear any makeup, nail varnish or jewelry

Premature labour

Premature labour occurs when contractions occur before ones due date (before 37 weeks). Please contact your doctor immediately if you believe you are in premature labour. Your doctor will advise you on what action to take. If your Obstetrician/ Gynaecologist is not available you may liaise with the maternity staff at the hospital.

Should you deliver a premature baby Lenmed provides professional and experienced staff as well as equipped state of the art Neonatal ICU and high care services.

Information on Baby

What happens to baby after delivery?

The baby has two identification bands – one placed around the wrist and the other around the ankle. Baby bath demonstrations will take place in the nursery. Enjoy and ask lots of questions.

Jaundice and SBR

Jaundice occurs on occasion in newborns. It is not a disease and is not contagious. All babies are checked daily for jaundice and if necessary a heel prick test is done to evaluate the level of Serum

Bilirubin (SBR). Each baby is individually treated by the paediatrician. Babies may be treated with phototherapy in the nursery when Bilirubin results are high. Parents are welcome to visit during phototherapy.

Rhesus-negative (Rh-Neg)

If your blood group is Rh negative a blood specimen will be taken from you and your baby after delivery. If your baby's blood group is positive the doctor will prescribe an Anti – D Serum injection to prevent antibodies forming during a future pregnancy.

The serum will be given within 72 hours. If both mom and baby is Rh negative no treatment is required.

A New Citizen

The local health department is notified of all births and parents should register baby within seven days at the Department of Home Affairs.

Medical Aid Registration

Please consult with your medical aid as to registering baby for medical aid from birth.

Swabbing and Bathing

It is not necessary to use Savlon with every swabbing, warm water is sufficient. Moms who had a normal delivery are encouraged to bath three times a day while moms delivered by Caesarean Section will be advised by nursing staff regarding bathing and wound care.

Constipation

If you have not passed a stool or had a bowel movement by the third day please inform the nursing staff. Routinely a laxative will be prescribed if there has been no bowel movement by second day after c-section.

Post-Natal Depression

This can occur any time after the delivery of a baby. Always try to stay relaxed and take care not to allow too much worry over your baby. Rest and sleep is essential so restrict your visitors. You may feel irritable, angry, isolated and have the feeling that 'no one understands'. This is normal and we are here to help. Speak to your doctor and nursing staff.

Feeding Times

During the day moms are encouraged to room – in with baby and to feed baby. The time lapse between feeds depends on baby and mom. We encourage demand feeding.

During the night moms may request that baby be brought out. If mom is still recovering baby can be cup fed in the nursery with extracted milk or formula with permission from mom.

The time lapse between feeds depends on baby and mom. Ideally each feed should take place every 3 – 4 hours.

Leaving the Hospital

Discharge

The Obstetrician / Gynaecologist will discharge mom while the Paediatrician will discharge baby. On discharge mom will visit the nursery where she will identify her baby, the baby will be dressed and provide all necessary information to the new mom.

Mom is requested to sign the file before leaving accompanied by nursing staff and baby to the reception area. Once the identity bracelets on the baby have been verified mom and baby may leave.

Baby's stool

Meconium: first stool – greenish black
After two days: soft yellowish mustard colour

Babies that are bottle fed often suffer from constipation please monitor and inform the nursing staff.

Immunisations

All babies delivered at Lenmed Health receive immunizations (BCG against TB and Polio Drops). All other immunizations are administered at your nearest clinic.

Your baby's immunization card with birth and discharge weights should be shown to the Sister at your nearest clinic on your first visit. Your baby should be gaining weight of 170grams per week.

Discharge Advice

Do not forget your post natal checkup at around six weeks following delivery, or as advised by gynaecologist / obstetrician.

Should you require any information following discharge please do not hesitate to contact us. Enjoy every moment of getting to know your new family member.

Vaccine Schedule

Birth

OPV – Oral Polio Vaccine
BCG – Tuberculosis Vaccine

6 Weeks

OPV – Oral Polio Vaccine
RV – Rotavirus Vaccine
DTaP-IPV/Hib – Diphtheria, inactive Polio, haemophilus influenzae type b vaccines
HBV – Hepatitis B vaccine
PCV – Pneumococcal conjugated vaccine

10 Weeks

DTaP-IPV/Hib – Diphtheria, inactive Polio, haemophilus influenzae type b vaccines
HBV – Hepatitis B vaccine

14 Weeks

RV – Rotavirus Vaccine
DTaP-IPV/Hib – Diphtheria, inactive Polio, haemophilus influenzae type b vaccines
HBV – Hepatitis B vaccine
PCV – Pneumococcal conjugated vaccine

6 Months

Measles vaccine

9 Months

PCV – Pneumococcal conjugated vaccine

16 Months

Measles vaccine

18 Months

DTaP-IPV/Hib – Diphtheria, inactive Polio, haemophilus influenzae type b vaccines

6 Years

Td vaccine – Tetanus and diphtheria

12 Years

Td vaccine – Tetanus and diphtheria



Danger signs and symptoms during pregnancy

Vaginal Bleeding

Vaginal bleeding occurs frequently in pregnancy, some women experience it in the first 16 weeks of pregnancy. Vaginal bleeding later in pregnancy could indicate placenta previa, in which the placenta grows over the opening of the cervix.

Abdominal Pain

Severe abdominal pain is not normal in pregnancy. In later pregnancy, abdominal pain can be the sign of placenta abruption, in which the placenta separates from the uterine wall during pregnancy, causing bleeding inside the uterus that can make it feel rock hard. Placenta abruption separates the foetus from its blood supply of oxygen. Abdominal pain or tightening that occurs 4–6 times in an hour before 37 weeks could be a sign of preterm labour.

Amniotic Fluid Leakage

Any leakage of clear fluid from the vagina which is not controllable could mean that your amniotic sac, which protects the foetus from outside bacteria, has ruptured, increasing risk of infection. Call your doctor or hospital immediately if this occurs before 37 weeks. After 37 weeks follow your doctors' instructions on when to call when your water breaks.

Severe Headache

Severe headache in pregnancy can be a warning sign of pre-eclampsia, a hypertensive disorder of pregnancy. Blurred vision, abdominal gastric pain and fluid retention can occur along with headache. Contact your doctor immediately if these symptoms occur.

Decreased Fetal Movements

It is normal for the foetus to move less in the last few weeks of pregnancy, as living quarters become more cramped. However, you should still feel regular foetal movements and you should report any decreased foetal movements, as it could indicate lack of oxygen or other problems for your unborn baby.

There are two established methods of counting foetal movement:

CARDIFF METHOD: Count to 10 methods while sitting or lying. If you do not feel 10, movements in 2 hours call your doctor or hospital.

SADOVASKY METHOD: Lie on your left side for an hour after eating and count foetal movements. If you do not feel at least four movements within 2 hours call your doctor. This must be done three times a day, in the morning, afternoon and evening or if there are less than 10 movements in 6 hours, call your doctor or hospital.



Our Hospitals

GAUTENG

Ahmed Kathrada Private Hospital
Daxina Private Hospital
Randfontein Private Hospital
Zamokuhle Private Hospital

KWAZULU-NATAL

Ethekwini Hospital and Heart Centre
Howick Private Hospital
La Verna Private Hospital
Shifa Private Hospital

NORTH WEST

Daleside Day Hospital
MooiMed Private Hospital
Parkmed Neuro Clinic
Sunningdale Hospital
Wilmed Park Hospital

NORTHERN CAPE

Kathu Private Hospital
Royal Hospital and Heart Centre

INTERNATIONAL

Beira Private Hospital
Bokamoso Private Hospital
Maputo Private Hospital
The Bank Hospital - Ghana

SCAN FOR HOSPITAL
CONTACT DETAILS



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