CMScript
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Member of a medical scheme? Know your guaranteed benefits!
CMS Council for Medical Schemes

Understanding your pregnancy benefits

Pregnancy is an exciting journey, but it can also feel confusing when trying to understand what your medical scheme covers. Many people assume that all pregnancy care is automatically a Prescribed Minimum Benefit (PMB), but this is not the case. Pregnancy on its own is a natural process. It only becomes a PMB when a medical condition or complication is diagnosed that requires hospitalisation. This edition of the CMScript explains what is covered, what is not covered, how medical schemes apply the rules, and how you can avoid unexpected costs during pregnancy and childbirth.

PMB conditions during pregnancy

Certain pregnancy complications qualify automatically for PMB cover. These include:

- **Severe hypertension or pre-eclampsia** – very high blood pressure during pregnancy that starts affecting organs such as the kidneys or liver. It is dangerous for both mother and baby and needs urgent medical care.
- **Eclampsia** – a life-threatening stage of pre-eclampsia where the mother starts having seizures. This is a medical emergency.
- **Gestational diabetes requiring admission** – high blood sugar that develops during pregnancy and becomes serious enough that the mother must be admitted to the hospital for monitoring and treatment.
- **Ectopic pregnancy** – when a pregnancy forms outside the womb (usually in a fallopian tube or elsewhere). This cannot continue and can become life-threatening, so hospital treatment is essential.
- **Miscarriage requiring hospitalisation** – when a pregnancy is lost, and hospital care is needed to manage bleeding, pain, or possible complications.
- **Emergency caesarean section due to foetal distress** – when the baby shows signs that they are not

coping well inside the womb, and doctors need to deliver urgently to prevent harm.
- **Post-delivery complications** – problems that happen after birth, such as heavy bleeding or infections, which may require hospital treatment.
- **Neonatal PMB conditions that require intensive care** – serious health problems in newborn babies that require specialised care in a neonatal ICU.

In these cases, the PMB applies to the diagnosed condition, not simply because you are pregnant.

Remember: Medical schemes may choose that PMB services must be accessed through the medical scheme's Designated Service Provider (DSP). If you choose to use a non-DSP when a DSP was available, the scheme may still charge a co-payment even though the condition qualifies as a PMB.

Important: Hospitalisation without a medical illness is not PMB. However, when hospitalisation is needed to treat illnesses or complications arising from pregnancy, that should be covered as PMB.

Delivery and potential out-of-pocket costs

Delivery is a PMB under DTP 52N because care provided during labour and up to six weeks after delivery falls under PMB Regulations when hospitalisation is required. This includes routine labour and normal delivery.

However, PMB status does not override DSP rules. You may still face co-payments if:
- You choose a non-DSP doctor or midwife.
- Your provider only delivers at a non-DSP hospital.
- You book your delivery at a non-DSP facility despite DSP options being available.
- Your antenatal care starts at a non-DSP and continues into delivery.

In these cases, the co-payment is not because labour is not PMB level of care, but because the use of a non-DSP is seen as voluntary.

If the doctor is a DSP but only practises at a non-DSP hospital, co-payments may not be charged. Confirm this with your scheme in advance.

Routine pregnancy benefits (non-PMB)

Outside of PMB cover, most schemes offer additional maternity benefits. These are not PMB level of care and may differ by plan option. They often include:
- Antenatal check-ups
- Basic blood tests
- Standard ultrasound scans
- Nutritional supplements
- Access to maternity or wellness programmes

These benefits may have limits or require you to use network providers. It is important to know your plan rules early in your pregnancy. Register for a maternity program if your scheme offers one, as it can help you access available benefits and support services.

The importance of choosing a DSP early

A DSP is a contracted doctor, midwife, or hospital that provides PMB services at a negotiated rate. When you use DSP providers, your scheme covers PMB services in full. Choosing your maternity providers early ensures full cover for:
- Antenatal hospital admissions
- Labour and delivery in a hospital or at home
- Emergency obstetric care

Using a non-DSP may result in co-payments or partial payments, especially during labour and delivery when costs are high.

Voluntary use of a non-DSP

If a member chooses a non-DSP provider while a DSP was available, the scheme may apply co-payments even when the care is PMB level of care. This applies to:
- Consultations
- Scans
- Blood tests
- Hospital admissions
- Delivery

Even if labour later becomes an emergency, the scheme may still classify the care as voluntary if you were already booked with a non-DSP provider. Network status can change, so always confirm DSP information with your scheme.

Emergency delivery at a non-DSP

Although emergencies qualify as a PMB, the scheme still checks whether the use of a non-DSP was voluntary or unavoidable.

You may be protected from co-payments (involuntary use) if:
- Labour progressed too quickly to reach a DSP.

- An ambulance diverted you to a non-DSP facility for medical safety.
- Travelling to a DSP would have been unsafe.
- Co-payments may still apply (voluntary use) if:
  - You booked with a non-DSP doctor.
  - You chose to go to a non-DSP facility.
  - A DSP was reasonably accessible.
- Ensure that emergency circumstances are clearly recorded by your provider to support the PMB claim.

Registering for your maternity programme

Most schemes offer maternity programmes to support you throughout your pregnancy. By registering early, you gain access to:

- Educational resources
- Nurse-led guidance
- Screening reminders
- Telephone support
- Delivery planning assistance
- Information on registering your newborn

These programmes complement your healthcare provider and help keep you informed.

Delivery options and your benefits

Different delivery methods have different financial implications:

- **Vaginal delivery:** Covered as PMB when done at a DSP.
- **Caesarean section:** Covered as PMB if medically necessary or linked to a complication. Must be performed at a DSP.
- **Elective caesarean:** Usually non-PMB. Scheme rules and co-payments may apply.

Some plans limit deliveries to specific hospitals. Always check your service provider's (doctor, nurse, midwife and/or doula) network status and obtain pre-authorisation unless it is an emergency.

After the baby is born

Once your baby arrives, remember to:

- Register your newborn with your medical scheme within the required timeframes set out in the scheme rules.
- Ensure that any care for the newborn is linked to a PMB diagnosis and provided at a DSP for full cover.
- Use your maternity benefits for postnatal check-ups where applicable.

Tips to protect yourself from unexpected costs

- Choose a DSP provider early and confirm in writing where they deliver.
- Check your hospital network before booking.
- Confirm benefits before procedures or scans.
- Request the ICD-10 codes from your provider so you know which benefits will apply.
- Keep records of all emergency events where possible.

Always get pre-authorisation for hospital admissions unless it is life-threatening. In life-threatening circumstances, authorisation can be obtained up to 48 hours after the event.

Conclusion

Understanding your pregnancy benefits helps you plan with confidence. Pregnancy itself is not automatically a PMB, but many pregnancy-related complications are. By choosing DSPs, knowing your benefits, and registering early, you can ensure that you receive the right care at the right time, without unnecessary costs.

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