

Maternity Guide



Congratulations, and welcome to Eden Gardens 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 Eden Gardens 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. EGPH and its staff will not be held responsible for any liability in respect of any loss of personal effects sustained by visitors and patients.



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

Doctors

All specialists who work at EGPH are independent practitioners. Every Gynaecologist maintains a unique schedule for their consultations, allowing for personalized and dedicated care. We encourage you to communicate with your doctor regarding any concerns or discomfort, ensuring a proactive approach to your healthcare needs



Tariffs

This is available on request from the accounts department.



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Pre-admission Procedure

Pre-bookings

Moms-to-be are requested to pre-book their stay at the hospital. It is advisable that you make your booking no later than 28 weeks. This will prevent any delays on your day of admission or in the event of an emergency. Your pre-booking makes you eligible for our free Ante-Natal Classes. Please enquire with our Maternity Ward.

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 EGPH.
- 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.



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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 days. Your delivery day being day zero.

You and your baby will be continually monitored during labour.

N.B Please enquire about our ante-natal classes



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Preparations for your stay

What to bring

For yourself :

- Toiletries
- Soap
- Shampoo
- Toothbrush and toothpaste
- Bath towel and face cloth
- Hair brush
- Sanitary pads
- Breast pads
- Nipple cream
- Nipple shield (optional)
- Books or magazines
- 3 sets Pyjamas/night dress (front fastening)
- Underwear (5 pairs)
- Dressing gown
- Change of clothes for departure
- A pair of socks
- Slippers
- Feeding bras if breastfeeding
- A support bra if not breast feeding

For the baby :

- Four sets of clothes
- Warm Blanket
- Receiving Blanket
- Four vests
- Four pairs of booties
- Nappies (24)
- Surgical spirits
- Cotton wool
- Vaseline
- Baby shampoo
- Baby oil
- Baby wipes
- Dummy (optional)
- Bottle and teat (optional)

Do not bring :

- Jewellery
- Ensure your nails are free from polish or false nails



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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 the ante-natal 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 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 dilatation of the cervix and to gain other information.

Skin Preparation and an 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.



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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/midwife 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 active 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).



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Types of delivery

Normal Delivery

Pain Management during Labour

An injection to help you relax and relieve pain might be given on the doctor's orders. This does not take the pain away completely but does offer light relief. Epidural is also an option for pain relief. Please do discuss this with your doctor during your ante-natal visits in the 3rd trimester. Entonox gas will also be offered.

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 polish or jewellery.

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 Eden Gardens provides professional, trained and experienced staff as well as equipped state of the art Neonatal ICU and high care services. Local discharged moms are allowed unlimited visits. Out of town moms will be offered a lodger-mother facility with breakfast only.



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Information on birth

What happens to the baby after delivery?

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

Jaundice

Jaundice occurs on occasion in newborns. It is not a disease and is not contagious. All babies are checked on Day 2 for Jaundice and if necessary a bloodtest is done to evaluate the levels of Bilirubin (Indicator of Jaundice.)

Each baby is individually treated by the paediatrician of your choice. Babies may be treated with phototherapy in the nursery when Bilirubin results are high. Parents are welcome to visit the nursery 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. Parents should register baby within seven days at the Department of Home Affairs. A Home Affairs official does come to assist with registering your baby while in hospital. Please bring copies of both parents identity documents and a marriage certificate to complete the forms.

Consult with your medical aid as to registering baby for medical aid from birth



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Information on birth

Swabbing and bathing

Vulva swabbing is rendered by a midwife as necessary post delivery. Moms who had a normal delivery are encouraged to bath three times a day, while moms delivering 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 & 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 expressed milk or formula with permission from mom.

Visiting times

We have open but controlled visiting times in Maternity. It is advisable that you restrict your visitors to ensure you get enough rest.

The time lapse between feeds depends on the baby



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Leaving the hospital

Discharge

The Obstetrician / Gynaecologist will discharge mom while the Paediatrician will discharge baby. Mom will be provided with all necessary information on discharge.

Mom is requested to sign the file before leaving. You will be accompanied by nursing staff to your transport. 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.

Immunizations

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

Your baby's immunization booklet 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 your Gynaecologist / Obstetrician and Paediatrician. 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.

Maternity Contact Number: 0338154640/41.



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Vaccine schedule

Child's Name		Date of Birth			
Age	Vaccine	Route & Site	Batch No.	Date Given	Signature
Birth	BCG	Intradermal Right Arm			
	OPV0	Oral			
6 Weeks	OPV1	Oral			
	Rotavirus 1	Oral			
	PCV1	IM Right Thigh			
	Hexavalent (DTaP-IPV-Hib-HBV)1	IM Left Thigh			
10 Weeks	Hexavalent (DTaP-IPV-Hib-HBV)2	IM Left Thigh			
14 Weeks	Rotavirus 2	Oral			
	PCV2	IM Right Thigh			
	Hexavalent (DTaP-IPV-Hib-HBV)3	IM Left Thigh			
6 Months	Measles 1	S/C Right Thigh			
9 Months	PCV 3	IM Right Thigh			
12 Months	Measles 2	S/C Right Arm			
18 Months	Hexavalent (DTaP-IPV-Hib-HBV)4	IM Left Arm			
6 Years	Td	IM Left Arm			
12 Years	Td	IM Left Arm			
Additional Vaccines					
Girls 9 years & older	HPV1	IM Non-Dominant Arm			
	HPV2				



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Our areas of expertise

- General Medicine
- Paediatrics
- Obstetrics & Gynaecology
- General Surgery
- Ophthalmology
- Orthopaedic Surgery
- Neurosurgery
- Paediatric Surgery
- Emergency Medicine
- Gastroenterology
- Urology
- Oncology
- Anaesthesiology
- Nephrology



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