



Patient Information

You carry your little life with love and warmth – we are here to carry you – before, during, and after birth

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The birth of a baby is one of the most significant experiences for a woman and her partner.

Now that you are expecting a baby, you may have many questions, and even some concerns about your baby's development, your health during pregnancy and giving birth.

Know that Life Healthcare is there for you – every step of the way. We hope that this pregnancy guide will assist in answering some of your questions. However, if you have any further questions or need assistance with any concerns, you are welcome to contact your chosen Life Healthcare maternity unit and talk to any of our maternity nursing specialists.

Baby Friendly Health Initiative (BFHI)

Life Healthcare supports the Baby Friendly Hospital Initiative (BFHI) which is a joint World Health Organization (WHO) and UNICEF project that aims to create a healthcare environment where breastfeeding is the norm, and practices known to promote the well-being of all mothers and infants are promoted.

Coping with common pregnancy niggles

As you go through the various stages of your pregnancy, it is quite natural to experience physical and emotional niggles and find yourself thinking about issues you've never thought about before. No matter what's on your mind, know that your midwife / GP / obstetrician and antenatal teacher are all there to help and support you before and after your baby is born. Don't hesitate to talk to them.



Nausea / Morning sickness

Nausea affects most moms sometime during their pregnancy. It is usually experienced in the mornings of the first trimester of pregnancy, but may occur at other times of the day and pregnancy as well. It could be caused by pressure from the foetus, reflux and changes in the metabolism, and changes in hormones.

How to cope:

- Have a snack such as a dry biscuit and a hot drink before getting out of bed, then get up slowly
- Have regular small meals and snacks in between to keep your blood sugar level constant, and have a snack before going to bed
- Have regular sips of water to prevent dehydration from vomiting
- Get lots of rest as being tired can make you feel a lot worse



Sleeplessness

Sleeplessness during pregnancy could be ascribed to various causes like physical discomfort, anxiety about the pending birth and ability to cope with a new lifestyle, nightmares as a result of this anxiety, or pressure on your bladder resulting in frequent visits to the toilet.

How to cope:

- Avoid caffeine throughout the day
- Rest often for short periods
- Establish a relaxing routine before bedtime
- Do breathing and other relaxation exercises, especially before bedtime
- Read a good book before bedtime
- Try putting pillows under your tummy, between your knees and behind your back to find a comfortable sleeping position





Thrush

Because of hormonal changes and changes in the pH balance of vaginal secretions, thrush is more common during pregnancy.

How to cope:

- Consult with your midwife / GP about a suitable antifungal cream or pessaries for both you and your partner, as the infection can be passed between you during intercourse



Heartburn

During pregnancy acidic digestive juices could back-up into the oesophagus with a resulting burning sensation. The relaxed stomach valve is the cause of this is due to pregnancy hormones. Your growing baby can put pressure on your stomach and compound the problem.

How to cope:

- Avoid large meals. Rather have regular small meals and snacks in between. Apples and raw veggies are often helpful
- Avoid fatty and spicy foods
- Avoid acidic foods like tomatoes and tomato sauce
- Avoid caffeine
- Don't drink liquids with meals as this could aggravate your problem
- Stay in an upright position after meals
- Drink lots of water
- Try to sleep in a more upright position – use pillows to prop yourself up



Mood swings

Mood swings often occur during pregnancy. Stress and exhaustion can contribute to fluctuating feelings. Anxiety about childbirth and parenting, as well as hormonal changes can also make you feel very emotional.

How to cope:

- Share your feelings with your partner, or confide in a close family member, friend, or counsellor
- Set aside time to rest regularly



Tiredness / Fatigue

It is normal to feel tired during pregnancy especially during the first trimester – remember that your body is growing a new life. Tiredness could also be due to anaemia.

How to cope:

- A well balanced diet with lots of green and other vegetables, fruits, nuts and milk is important
- Eat less refined foods (e.g. sugars, carbohydrates)
- Regular exercise and regular rest are essential
- Consult with your doctor with regard to safe vitamin and mineral supplements such as iron, magnesium and calcium

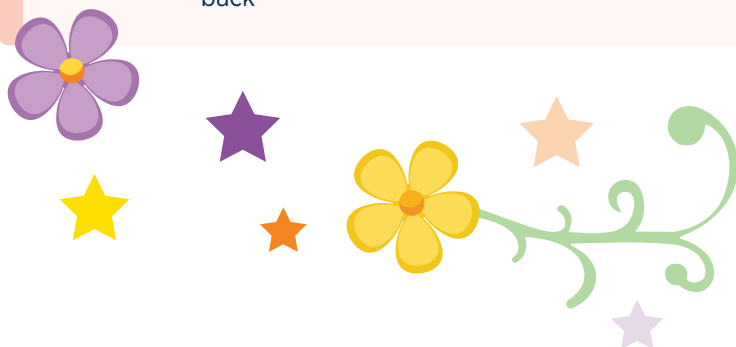


Backache

Backache may sometimes be experienced during pregnancy due to a changed posture, or due to the ligaments softening in preparation for child birth.

How to cope:

- When standing and walking, straighten your back and tuck in your tummy. Resist the urge to hollow your back and push out your tummy
- Don't lift heavy objects. When you have to pick up anything, bend your knees, not your back
- Always sit on a straight-backed chair
- Avoid high heeled shoes
- Have a relaxing back massage, but be careful of aroma oils during pregnancy
- Do back strengthening exercises like pelvic lifts (on your back on the floor); or while standing, do straight leg lifts to the back





Constipation

The same hormones that are responsible for loosening your joints and causing back ache, can affect your intestinal movements. Because of slower intestinal movements, more nutrients are absorbed, but you can also become constipated. Constipation can also be caused by iron supplements, the higher levels of progesterone during pregnancy, or pressure on your bowels from your growing baby.

How to cope:

- Your diet should include lots of wholegrain fibres from fruit and vegetables. Do not eat refined foods e.g. sugars, carbohydrates
- Also eat other wholegrain foods like whole-wheat bread, brown rice and cereals
- Drink lots of water
- Do regular exercise
- Speak to your doctor / midwife to change your iron and / or calcium supplements, as well as the antacids you're taking
- Consult with your midwife / GP before using laxatives



Shortness of breath

During the later stage of pregnancy, displacement of your lungs, stomach and other organs occur naturally due to the size of your baby. Your womb increasingly pushes up on your diaphragm, preventing it from moving properly during breathing. This may cause shortness of breath as there is less space for your lungs to expand and fill up with air.

How to cope:

- Rest more often, and while lying on your back, breathe in deeply while expanding the tummy as much as possible. This manipulates the diaphragm to make space for the lungs to expand and fill up with air
- Avoid getting too hot. Keeping cool will help you to feel less breathless



Bladder weakness

As your baby grows, there is more pressure on your bladder which decreases the capacity of your bladder and may cause you to urinate involuntarily when you laugh, cough or sneeze. Weak pelvic muscles can also compound the problem.

How to cope:

- Pelvic floor exercises should be done right from the start of pregnancy (and even before), by contracting the muscles surrounding the anal and vaginal areas (as if you're holding back urine). Hold for a count of five, then relax. Repeat 10 times. Do this as part of an exercise programme mornings and evenings, and in between as often as you remember
- This is a very good practice to keep up for the rest of your life



Leg cramps

If you are affected by leg cramps or spasms (a common problem during the second and third trimesters), especially at night – it may be due to slower circulation, a decrease in magnesium and calcium levels, or an increase in phosphorous levels.

How to cope:

- Stretch the affected muscle and then give it a good rub until the muscle begins to relax
- Increase circulation by exercising your legs every night just before getting into bed
- Flex your foot (toes turned up) when you feel a cramp coming on
- Elevate the foot of your bed about 20cm
- Bedclothes should be loose
- Consult your midwife / GP about magnesium and calcium supplements

Danger signs in pregnancy

**Danger signs in pregnancy – seek help, do not delay.
Please visit your nearest emergency unit immediately:**



Severe nausea and
throwing up



Severe belly pain that
doesn't go away



Blurred vision



Baby's movement
stopped or slowing
during pregnancy



Vaginal bleeding or
fluid leaking during
pregnancy



Severe vaginal
bleeding or discharge
after pregnancy












Overwhelming
tiredness




Feeling of
hopelessness and
thoughts of harming
yourself or your baby

Pregnancy calendar

My age in weeks	My average weight	My average length (from crown to rump)	How I am growing	What I look like
				Embryonic stage
1			Seven days after ovulation the fertilised egg starts to implant into the lining of the uterus. By day ten I am firmly embedded. A placenta is formed – the vital link between mommy and me. I am now called an embryo. My inner cells form into two layers, and later into three. Each of these layers will grow to be different parts of me. One layer becomes my skin, eyes, ears, brain and nervous system. The second layer grows into my stomach, intestines and lungs, whilst the third layer becomes my blood, muscles, heart and bones. My heart starts beating.	
2				
3				
4	0.4g	5mm		
5			Dramatic changes start happening to me. My nervous system is starting to develop. All my major organs and systems are forming. My facial features are evident. My brain can be seen inside my skull. My head comprises almost half of me. My limb buds are visible, as well as the beginning of eyes and ears. Pregnancy can be confirmed by ultrasound.	
6	1.5g			
7				
8	3g	28 – 30mm		
9	45g	5cm	I am now referred to as a foetus. My head is still relatively large. My arms and legs are growing longer. My fingers and toes have nails. A scan can show whether I am a boy or a girl. My ears, nose and mouth can be seen. My eyes have formed and are covered with skin which will become eyelids. My heart is beating at 170 – 175 beats per minute.	
10				
11				
12	60g	10cm		
13			The placenta and all my organs are fully formed. My muscles are developing and being coordinated by my brain, so that I can stretch my arms and legs, and open and close my mouth. 20 milk teeth are already in place. My facial features are clearly defined. I am covered by fine downy hair known as lanugo.	
14	100g	12.5cm		
15				
16				

My age in weeks	My average weight	My average length (from crown to rump)	How I am growing	What I look like
17			My hair is beginning to grow. My eyelashes can be seen, but my eyelids are still closed. I start practising breathing movements. My individual fingerprints are formed. I make rapid skeletal movements and mommy can feel fluttering or movements. She makes a special note of the date she feels the first movement. I am now called a baby.	
18	250g	20.5cm		
19				
20	360g	25cm		
21			Muscle and nerve links begin forming. Some fat is beginning to be deposited beneath my red wrinkled skin. I gain most weight and begin to mature. I keep practising breathing and can feel touch. I can hear and respond to noises outside mommy's uterus. I love it when she talks to me and plays me music.	
22	460g	27.5cm		
23				
24	650g	30cm		
25			My heartbeat can be heard clearly through a stethoscope. My eyelids open and my eyes are visible. My eyes are blue, but may change after birth. My sleeping and waking patterns are established. My taste buds are completely formed. My skin is covered with vernix. (Vernix is a waxy white substance with moisturising effect thought to protect my skin from the amniotic fluid). My lungs are now capable of breathing. I can distinguish mommy's voice from others. I can hear her heartbeat and her tummy rumbling.	
26	900g	32.5cm		
27				
28	1.2kg	35cm		
29			Layers of fat are deposited under my skin. My eyebrows and lashes are fully developed. The hair on my head grows longer. My eyes are open and I am beginning to focus. My brain continues to grow and I have a strong sense of taste. If I am a male my testes descend now. I am actively breathing. The lanugo disappears from my face and my skin is less wrinkled.	
30	1.5kg	37.5cm		
31				
32	1.8kg	40cm		
33			I look like a baby. My head is now proportionate to my body. My eyes focus and blink and become sensitive to bright light. My fingernails reach to the end of my fingers. All my organ systems are functional. The lanugo disappears from my body. I am moving, passing urine, hiccupping and swallowing amniotic fluid. Fifty percent of my full term weight is added during the last two months of pregnancy.	
34	2.3kg	42.5cm		
35		44cm		
36	2.7kg	45cm		

My age in weeks	My average weight	My average length (from crown to rump)	How I am growing	What I look like
37			I am ready to be born at any stage. My head is firm and my skull is the largest circumference of all my body parts. During this time I will turn and my head will become fully engaged, in other words I will move into the right position to be delivered. Vernix now disappears from my skin. My intestines contain my first bowel movement. All my sleeping, moving and kicking patterns are evident.	
38	3kg			
39				
40	3.4kg	50cm		

Labour

Early signs of labour



Show
This refers to the release of mucous ‘plug’ (discharge) from the vagina, indicating that the labour process is about to start. It could be experienced a week or two before the end of your pregnancy. This is not a cause for concern; your body is just getting ready for labour.



Contractions
Labour contractions are contractions of the uterus – they happen at regular and close intervals and become stronger as the intervals get shorter. It is possible for ‘practice’ contractions (Braxton Hicks contractions) to start from 16 weeks of pregnancy which are relatively painless.



Breaking of ‘water’ (amniotic fluid)
Amniotic fluid may leak from the uterus during or before contractions, or be released in a gush as a result of the rupturing of the membranes. Amniotic fluid is clear in colour and has a completely different smell to urine.

When to go to the hospital

Vaginal delivery

You need to go to the hospital when your contractions are strong and five minutes apart, and / or last or approximately 45 seconds. There are four stages of labour:



The head should be engaged (i.e. has started entering the pelvis) at the beginning of the first stage of labour



The pushing urge is activated by the pressure of the baby's head against the pelvic floor



After the head is delivered the face will slowly turn to one side and the shoulders will line up for delivery

1

First stage

This is the dilation stage of your labour – from first labour symptoms until the mouth of the womb (cervix) is fully dilated to 10cm and thinned-out (effaced). First-time moms usually experience a dilation rate of 1cm in an hour-and-a-half. Stay upright and mobile for as long as possible during this stage of labour, so that gravity can help the natural process of birth.

2

Second stage

This is the actual birth process and lasts for approximately an hour and a half. This is the time when the mother 'pushes'. The baby is pushed down the birth canal with every contraction. There is no longer any resistance from the cervix. This stage ends when the baby passes through your vagina.

3

Third stage

This is the time it takes for the afterbirth (placenta) to be expelled from the body and can take from five to thirty minutes. The continued contractions of the uterus aids this process. Most mothers are hardly aware of this happening, as they are so absorbed by the wonder of the new little life they brought into the world!

Vaginal delivery *continued*

4

Fourth stage

The first hour after birth is crucial for bonding with your baby. After the baby has been dried, it is put skin to skin on your chest, which helps warm the baby. It also stimulates the release of more oxytocin in your body, which aids in the contraction of the uterus and stimulates milk to flow into the breasts. Try to nurse your baby as soon after birth as possible. This is a very special bonding time for parents and baby.

Caesarean section

If you are booked for a scheduled caesarean section, do not have any food for eight hours before the operation. Arrive at the hospital three hours before the scheduled time.

Shower with antimicrobial soap before your Caesarean Section (Soap available from Doctors Rooms or Maternity Ward).

On arrival at the operating theatre, you will be given either a general or epidural anaesthetic. The procedure takes about 30 minutes to perform. Your partner or a close relative is welcome to attend the birth in theatre.



Emergency caesarean section

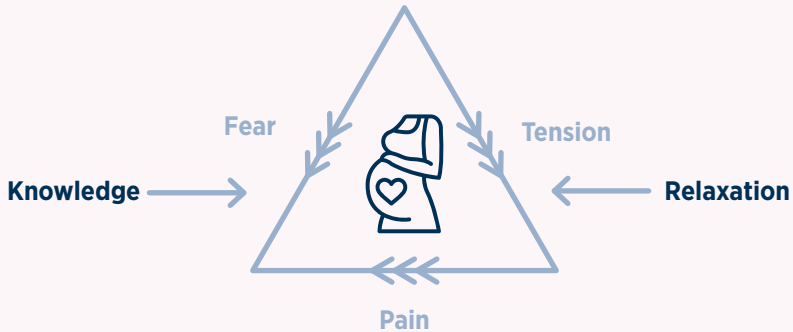
A caesarean section is often necessary during a normal delivery when:

- The contractions of the uterus are not strong enough
- The baby's head does not descend into the birth canal
- When the baby is too big to be delivered normally
- The baby shows signs of fatigue during labour

Breaking the fear, tension, pain cycle

Misconceptions and fear create tension which increases the sensation of pain. You may become afraid and turn tense because you experience pain. This causes muscular tension, and contractions could become longer and more severe.

Understanding the fear, tension and pain cycle can help you cope!



You can break this cycle by:

Gaining knowledge of the labour process through education. Be informed about labour and what you can expect from it. This will reduce your level of fear. Discuss any fears with your doctor / midwife.

By implementing this your levels of pain could be drastically reduced.





At Life Healthcare we are passionate about our little patients



Prospective parents dream about the perfect pregnancy and giving birth to a beautiful healthy baby to enhance their family. We are here to support you before, during and after birth.

Our maternity units are baby friendly. We promote rooming in as well as breastfeeding and we encourage family bonding time.

We look forward to welcoming you to our maternity unit. Here are some guidelines to assist you with your journey to becoming a parent.

Pre-admission clinic

The pre-admission clinics at certain hospitals will assist with the completion of the necessary documentation for your admission to the maternity unit. We suggest that you visit the pre-admission clinic between 25 to 30 weeks of pregnancy. Please visit main reception for assistance with the admission process.

Please ensure that you understand your medical aid rules and benefits with regard to confinement and birth.

We will require the following documentation for your pre-admission:



ID document of both parents



Medical aid card



Authorisation number from medical aid

Bed booking

It is essential that you book your bed in advance at approximately 28 weeks. The admission team in reception can assist with the bed booking. Hospitals offering private rooms will allocate these on a first come, first served basis. Please speak to the unit manager for assistance.

Orientation visit



Giving birth can be a new and uncertain, but exciting journey. To assist you, we invite you to visit our maternity unit prior to your anticipated due date. Our maternity unit practitioners will gladly show you and your partner around the unit and our dedicated team of nursing practitioners will be on hand to answer any questions you may have.

What to bring to hospital

For peace of mind, we suggest packing your hospital bag at least one month prior to your due date. We recommend that you leave all valuables at home.

Necessities for mom

✓	Two to three sets of comfortable night wear – preferably with open front, for breastfeeding
✓	Maternity pads (two packets)
✓	Dressing gown
✓	Three feeding bras
✓	Breast pads
✓	Slippers
✓	Two towels
✓	Massage oil, if preferred
✓	Personal toiletries
✓	Comfortable outfit for when you are discharged

Following the birth of your baby you will receive a complimentary Little Life maternity bag containing sample baby products.

Necessities for baby

✓	Disposable nappies
✓	Sensitive wipes
✓	Baby blankets
✓	Baby grows
✓	Two receiving blankets
✓	Three baby vests
✓	Hypoallergenic baby toiletries
✓	Car seat, professionally installed for taking your little life home

Items to consider for the labour room

✓	Lip ice
✓	Face cloth
✓	Camera
✓	Water / cold drink to replenish fluids

Visitor information

Our Little Life maternity units are access controlled. Visitors will only be allowed during visiting hours to allow moms time to rest and bond with their new bundle of joy.

Please familiarise yourself with the unit specific visitors' information, prior to your admission.



Handwashing

Handwashing is extremely important. Please make use of the hand washing dispensers when entering and exiting the unit. This will ensure our unit remains free from infection risk.



Visitors

Visitors are restricted to two visitors per patient. Please inform your friends and family prior to the birth of your baby to avoid misunderstandings.

The birth partner is welcome to visit daily. Please confirm visiting times with the maternity unit.



Nursery

Only moms and birth partners are allowed in the nursery. We kindly request that visitors respect the privacy of the other patients in the unit and refrain from entering the nursery.

Medical aid registration

It is essential that you register your baby with your medical aid as soon as possible after birth to avoid any possible problems with the settling of accounts. A proof of birth form can be given to you by the maternity nursing practitioners after your baby's birth, if required.

Birth registration

Birth registration procedures will be discussed with you during your stay in the hospital. By law you are obliged to register your baby within one month (30 days) of birth. Please enquire with the unit manager whether the *Department of Home Affairs* offers birth registration services in the hospital.



Please remember to bring two certified copies of the parents' IDs, a marriage certificate (if applicable) and a black pen – this will be required to complete the birth registration forms.

Labour ward

Only one birthing partner may accompany you to the labour ward – no other visitors will be permitted in the unit. Your privacy during labour is of the utmost importance to us.

Boosters

Vitamin K booster is administered immediately after birth. Polio and BCG vaccinations will be administered with the consent of the parents.

Mother and baby friendly initiative

We promote skin-to-skin bonding and encourage you to keep your baby with you in the room, allowing time to bond and interact. It is important for you to get to know your newborn. Our trained nursing practitioners are always available to assist with any queries or questions.

Breastfeeding



We encourage exclusive breastfeeding to ensure your newborn receives all the necessary antibodies and nutrients needed to assist and support a healthy life. Our qualified nursing practitioners will discuss and demonstrate the various breastfeeding techniques and will be available to assist with the breastfeeding process.










Remember to eat healthy nutrient filled meals. Drink water, juice or milk to ensure you stay well hydrated. Avoid alcohol.

Whilst breastfeeding can be very rewarding, it takes time and effort to get it right. Be positive about the experience and be patient with yourself and your baby.

Ten steps to successful breastfeeding

Critical management procedures

Key clinical practices

1	Clinical team will discuss the importance and management of breastfeeding with you and your family		6	We enable mothers and their infants to remain together and to practise rooming-in 24 hours a day	
2	Clinical team will facilitate immediate and uninterrupted skin-to-skin contact. Support mothers to initiate breastfeeding as soon as possible after birth		7	We support mothers to recognise and respond to their infant's cues for feeding	
3	Clinical team will support mothers to initiate and maintain breastfeeding and manage common difficulties		8	Clinical team will counsel mothers on the use and risks of feeding bottles, teats and pacifiers	
4	It is not recommended to provide breastfed newborns any food or fluids other than breast milk, unless medically indicated		9	Clinical team will coordinate discharge so that parents and their infants have timely access to ongoing support and care	
5	Clinical team complies fully with the <i>International Code of Marketing of Breast Milk Substitutes</i> and relevant <i>World Health Assembly</i> resolutions and will have: <ul style="list-style-type: none">■ A written finance feeding policy that is routinely communicated to team members and parents■ Establish ongoing monitoring and data-management systems		10	Clinical team will ensure that clinical team members have sufficient knowledge, competence and skills to support breastfeeding	

Reference: The World Health Organization
<https://www.who.int/teams/nutrition-and-food-safety/food-and-nutrition-actions-in-health-systems/ten-steps-to-successful-breastfeeding>, May 2009

Discharge information

Our nursing practitioners are available to answer any questions you may have regarding your first couple of days at home with your newborn. Please do not hesitate to ask any questions or contact us – even after you have been discharged. The comprehensive newborn guide received contains valuable information to support and guide you.



Jaundice

If your baby's skin appears yellow and baby is sleepy and does not feed well, your baby might have jaundice – please consult with your paediatrician.



Medication

It is important for you to continue with the medication you received whilst in hospital. The medication will ensure that you remain pain-free. Constipation is a common side-effect of pain medication, please ensure that you drink a lot of water, eat fresh fruits and vegetables as well as roughage to curb constipation.

Should you experience any uneasiness or adverse reactions to the medication, please urgently consult with your specialist or visit your nearest emergency unit.

Please ensure that you receive your script and collect all your medication upon discharge. Should you have any medication related questions our nursing practitioners and pharmacists are on hand to assist.



Care of your baby



Eyes

Your baby's eyes must be cleaned daily with a soft cotton ball and clean water or breastmilk. Should you notice a sticky discharge from your baby's eyes, you need to consult with your paediatrician.



Umbilical cord care

Please ensure your hands are clean before attending to your baby's umbilical cord. The umbilical cord can be cleaned with water, or breastmilk using a swab after every nappy change or bath. The cord should fall off on average after 7 to 14 days.

Should you notice any bleeding, discharge, redness or swelling or an unpleasant smell from the area, it is recommended that you contact your paediatrician.

It is important to keep the umbilical cord area clean and dry. Please do not apply any ointment or cover the umbilical cord with cloth or bandages. The cord should always be positioned outside the nappy.



Stools

It is important to monitor the texture, appearance and frequency of your baby's stools. The stools may appear yellow or orange to green in colour with a watery or pasty seed-like appearance. It is normal for the baby to have a stool with every nappy change, although stools can also vary to once in seven days.

Bottle-fed babies may show signs of colic – should your baby cry continuously for longer than three hours, lasting for more than three days, it is advisable to contact your paediatrician for a consultation.

It is important to reapply bum cream to your baby's buttocks after every nappy change, this will aid in keeping the area free from rash and irritation.

Care for mom



Exercise

It is important to listen to your body and to be kind to yourself during the first weeks at home with your little life. You may commence with exercise after six weeks, but please consult with your specialist first.

Pelvic floor muscle exercises are recommended to strengthen your pelvic and bladder muscles.



Diet

A well balanced, nutritious diet is recommended. Eat foods high in protein and fibre to speed up the healing process and to prevent constipation.

Drink enough water and stay well-hydrated.

Smoking and consuming alcoholic beverages is not recommended, especially when breastfeeding.



Looking after your caesarean section

Please keep your caesarean section wound clean and dry and follow your doctors' instructions. Please consult with your doctor should your wound become swollen, red or have any discharge.



Looking after your stitches (perineum)

Please keep the stitches clean and dry, the stitches will dissolve over time. Please consult your doctor if the area becomes painful and swollen.



You may experience full, painful breasts

You may experience full, painful breasts. Feed your baby on demand in order to empty your breasts. Wear supportive underwear. A warm compress on your breasts and massaging the breasts will encourage milk flow. Please consult with your doctor should you have a fever or discharge from the nipples.

Follow-up appointment(s)



It is important to make an appointment with your obstetrician six weeks after giving birth. The obstetrician may want to see you seven days after

normal delivery. Please contact the consulting rooms for an appointment.

The paediatrician may also request to see your newborn within six weeks – the appointment can be scheduled with the consulting rooms.

Remember your baby's six week vaccination at your nearest baby clinic or government clinic.

May your new little life bring you joy and happy adventures! Should you need any additional information, please contact your nearest Life Healthcare hospital or visit **www.lifehealthcare.co.za**



Life Healthcare offers maternity services in the following units:

LIFE ANNCRON HOSPITAL

Klerksdorp

LIFE BAY VIEW PRIVATE HOSPITAL

Mosselbay

LIFE BEACON BAY HOSPITAL

East London

LIFE BRENTHURST HOSPITAL

Johannesburg

LIFE BEDFORD GARDENS HOSPITAL

Bedfordview

LIFE CARSTENHOF HOSPITAL

Midrand

LIFE COSMOS HOSPITAL

eMalaheni

LIFE DALVIEW HOSPITAL

Brakpan

LIFE EUGENE MARAIS HOSPITAL

Pretoria

LIFE EMPANGENI PRIVATE HOSPITAL

Empangeni, Durban

LIFE FLORA HOSPITAL

Johannesburg

LIFE FOURWAYS HOSPITAL

Fourways

LIFE GABORONE PRIVATE HOSPITAL

Botswana

LIFE HILTON PRIVATE HOSPITAL

Hilton

LIFE KINGSBURY HOSPITAL

Cape Town

LIFE MERCANTILE HOSPITAL

Port Elizabeth

LIFE MIDMED HOSPITAL

Middelburg

LIFE MOUNT EDGECOMBE HOSPITAL

Durban

LIFE PEGLERAE HOSPITAL

Rustenburg

LIFE QUEENSTOWN PRIVATE HOSPITAL

Queenstown

LIFE ROBINSON PRIVATE HOSPITAL

Randfontein

LIFE ROSEACRES HOSPITAL

Germiston

LIFE ROSE PARK HOSPITAL

Bloemfontein

LIFE SPRINGS PARKLAND HOSPITAL

Springs

LIFE ST GEORGE'S HOSPITAL

Port Elizabeth

LIFE ST MARY'S PRIVATE HOSPITAL

Mthatha

LIFE SUIKERBOSRAND HOSPITAL

Heidelberg

LIFE THE CROMPTON HOSPITAL

Durban

LIFE THE GLYNNWOOD

Benoni

LIFE VINCENT PALLOTTI HOSPITAL

Cape Town

LIFE WEST COAST PRIVATE HOSPITAL

Vredenburg

LIFE WESTVILLE HOSPITAL

Durban

LIFE WILGEHEUWEL HOSPITAL

Roodepoort

LIFE WILGERS HOSPITAL

Pretoria

For more information on our maternity service offerings visit
www.lifehealthcare.co.za



Making life better