

AURA

by Silverhurst Wealth Partners

The Complete Financial Guide to Having a Baby in South Africa

Costs, cover, and planning — from conception to the first birthday.

Free Guide · hi-aura.co.za

Foreword

Having a baby is one of the most extraordinary moments in life. From the first test result to the first scan, hearing that tiny heartbeat for the first time — wow. New life.

And that's exactly how it should feel. Not stressful. Not confusing. Not buried in paperwork and plan comparisons.

You plan for what you can control, and then you're free to be truly present — to show up for your family in the moments that matter most.

We built AURA to take away the pain of evaluating medical aid plans. To give you relevant, accurate, personalised guidance so you can make informed decisions with confidence — and then get back to the important stuff.

This guide is our gift to every South African parent planning their family. It covers everything we wish someone had told us: what it really costs, how medical aid actually works during pregnancy, what gap cover does (and doesn't do), and how to build a plan that protects your family without breaking the bank.

AURA is free to use. Always.

— Eldon de Waal, CFA

Founder, Silverhurst Wealth Partners

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Free, advisor-reviewed, 3 minutes

01

The Best Investment You'll Ever Make

Joy, preparation, and why planning matters

There's a moment — maybe you've already had it, maybe it's still coming — when a small white stick changes everything.

Two lines. Or a pink plus. Or the word "pregnant" spelled out in case there's any ambiguity.

And in that moment, the whole world rearranges itself. Future versions of your life — the ones involving small shoes, terrible sleep, and someone calling you Mama or Dad for the first time — suddenly become real. It's overwhelming. It's terrifying. It's the best thing.

Here's what nobody tells you in that moment: the second-best gift you can give your growing family is a solid financial plan. Not because money is more important than love (it isn't). But because financial chaos is one of the most corrosive things that can happen to a young family. Bills you didn't plan for. Coverage gaps you didn't know existed. A NICU admission nobody told you could cost R300,000.

This guide exists so that money is never the thing that steals your attention from the moments that matter.

The Paradox of Planning

Here's the honest truth: you cannot plan for everything. Babies are specifically designed to humble you. Birth plans get torn up in delivery suites. Full-term pregnancies produce premature babies. Healthy moms develop complications. Twins ambush ultrasound rooms.

But here's what you *can* control: your financial position when the unexpected arrives.

You can have the right medical aid plan — so that when the anaesthetist walks in at 2am, you're not calculating their bill in your head.

You can have gap cover — so that when the obstetrician charges R40,000 and your scheme pays R18,000, you don't spend the first month of your baby's life in debt.

You can have an emergency fund — so that a NICU admission doesn't become a financial crisis on top of an emotional one.

Preparation isn't about predicting what happens. It's about being financially resilient when life does whatever it wants.

What This Guide Covers

This guide is 12 chapters of the stuff you actually need to know — from the real cost of a C-section (spoiler: you probably don't know the number) to what the law says about your UIF maternity benefit (spoiler: you're probably entitled to more than you think).

Chapter 2 gives you the honest cost numbers across four birth scenarios.

Chapter 3 demystifies medical aid maternity cover — what PMB actually means, and what the "gaps" are.

Chapter 4 covers gap cover — the R80-a-month product that can save you R50,000.

Chapter 5 is for anyone expecting multiples. (Twins are twice the joy and three times the financial planning.)

Chapter 6 is your month-by-month countdown, from the year before conception to the first birthday.

Chapter 7 covers the scenarios nobody plans for — NICU, complications, and how to be financially prepared for the 10–15% of pregnancies that don't go smoothly.

Chapter 8 gives you the real budget for year one: nappies, formula, childcare, the lot.

Chapter 9 is for families navigating fertility treatment. Getting pregnant has a financial side that most people face alone.

Chapter 10 covers your legal entitlements — BCEA maternity leave, UIF benefits, medical tax credits, wills.

Chapter 11 is a one-page checklist. Print it. Stick it on the fridge.

Chapter 12 explains how AURA helps — and why it's free.

One Last Thing Before We Start

Every cost figure in this guide is sourced from real SA hospital tariffs, specialist fee ranges, and regulatory data. We update it annually. Nothing here is invented to scare you.

Some of these numbers are large. A complicated birth can cost R400,000. An extended NICU can cost R1,500,000. We will tell you both of those things clearly.

But we'll also tell you what medical aid covers, what gap cover pays, what the law guarantees you, and what the out-of-pocket number looks like after all of that. Because the *net* number — the one you're actually responsible for — is almost always much more manageable than the gross number.

That's what planning does. It turns scary gross numbers into manageable net ones.

Now let's look at what having a baby in South Africa actually costs.

Check if your medical aid is ready for this → hi-aura.co.za/check

hi-aura.co.za/check

02

What It Actually Costs

Real numbers across four birth scenarios

Real numbers. No sugarcoating. Because you deserve to know before the bill arrives.

Let's start with the number nobody says out loud at the baby shower:

Having a baby in South Africa can cost anywhere from R50,000 to R3,000,000.

That range isn't a typo. The top of it represents an extremely premature baby in a Level 3 NICU for three months. The bottom is an uncomplicated natural birth with good medical aid. Most families land somewhere in the middle — around R85,000–R200,000 for the birth event alone, depending on their circumstances.

The number that actually matters isn't the gross cost. It's the *out-of-pocket* cost — what you pay after medical aid and gap cover have done their part. That's the number this guide is designed to minimise.

Here are the four scenarios, with real numbers.

Scenario A — Natural Birth, No Complications

The best-case private birth. Vaginal delivery, 2-night hospital stay, healthy full-term baby, epidural. It happens. Just not 73% of the time (more on that below).

What You're Paying For	Low	Mid	High
OB — antenatal visits (8–10 visits)	R8,000	R14,000	R22,000
OB — delivery fee	R12,000	R22,000	R38,000
Anaesthetist — epidural	R7,000	R12,000	R20,000
Hospital — 2-night stay	R14,000	R25,000	R40,000
Paediatrician — newborn check	R1,500	R2,500	R4,000
Scans (3–4 over pregnancy)	R3,000	R5,500	R9,000
Blood tests (routine antenatal)	R2,000	R3,500	R6,000

Total before medical aid	R47,500	R84,500	R139,000
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With good medical aid + gap cover: R5,000–R25,000 out of pocket.

Without gap cover: R15,000–R55,000 out of pocket.

Scenario B — C-Section

Here's the statistic that surprises most people: approximately **73% of private hospital births in SA are C-sections**. That's one of the highest rates in the world. Whether yours is elective or emergency, the cost profile shifts significantly.

What You're Paying For	Low	Mid	High
OB — antenatal visits	R8,000	R14,000	R22,000
OB — C-section delivery fee	R20,000	R35,000	R55,000
Anaesthetist — spinal block	R9,000	R16,000	R28,000
Hospital — 3–4 night stay + theatre	R22,000	R40,000	R65,000
Paediatrician — newborn check	R1,500	R2,500	R4,000
Scans + blood tests	R5,000	R9,000	R15,000
Total before medical aid	R65,500	R116,500	R189,000

With good medical aid + gap cover: R8,000–R35,000 out of pocket.

Without gap cover: R25,000–R75,000 out of pocket.

The anaesthetist shortfall is the sneaky one here. You choose your OB. You usually don't choose your anaesthetist — they arrive in theatre. Anaesthetists regularly charge R15,000–R30,000 and schemes pay R8,000–R14,000. That R7,000–R18,000 gap is exactly what gap cover pays. (Chapter 4 explains this in detail.)

Scenario C — Complications (Pre-Eclampsia, Preterm Labour)

When things get complicated — pre-eclampsia requiring early delivery, preterm birth at 32–36 weeks, a baby needing NICU — the cost profile expands considerably.

What You're Paying For	Low	Mid	High
All delivery costs	R60,000	R110,000	R180,000
Extended hospital stay (7–14 days)	R35,000	R70,000	R140,000
NICU — baby (7–14 days)	R35,000	R175,000	R700,000

Perinatologist / MFM specialist	R5,000	R10,000	R20,000
Neonatologist	R4,000	R8,000	R18,000
Additional investigations	R3,000	R8,000	R20,000
Total before medical aid	R142,000	R381,000	R1,078,000

A 14-day Level 2 NICU admission (preterm baby, no ventilation) runs R130,000–R290,000 in facility and specialist costs. Medical aid covers the PMB minimum. Above that, your plan benefit and gap cover OPL determine your exposure.

With good medical aid + gap cover: R25,000–R100,000 out of pocket.

Without gap cover: R50,000–R300,000 out of pocket.

Scenario D — Extreme Prematurity (Birth at 24–28 Weeks)

This chapter exists for the 1% of births that nobody plans for. If you're reading this and it's not your situation, file it and move on. If it is your situation — there's a whole chapter for you (Chapter 7).

A baby born at 26 weeks in a private hospital, in a Level 3 NICU for 10 weeks:

What You're Paying For	Low	High
Delivery (emergency C-section)	R70,000	R180,000
NICU — baby (8–16 weeks at Level 3)	R400,000	R2,400,000
Neonatologist daily reviews	R30,000	R120,000
Respiratory support, procedures	R30,000	R200,000
Year-1 follow-up specialist care	R15,000	R60,000
Total before medical aid	R545,000	R2,960,000

Medical aid covers the PMB minimum (there's no monetary cap on medically necessary neonatal care under PMB). But at this level of cost, even comprehensive cover and full gap cover OPL don't close the entire gap. The R50,000 emergency fund in Chapter 11 is specifically for this scenario.

The Number Nobody Tells You

Here's what most people focus on: the total cost.

Here's the right number to focus on: the *specialist shortfall*.

Your medical aid pays at its tariff rate. Specialists charge at their rate — often 2–5 times higher. The difference is your shortfall. On a typical C-section, that's R25,000–R65,000.

This is the number gap cover was invented to pay. This is why we talk about gap cover so much in this guide. Not because it's an AURA product (it's not), but because it's the single highest-return financial

product available to a pregnant South African.

Scenario	Typical Specialist Shortfall
Natural birth (epidural)	R12,000 – R28,000
C-section	R28,000 – R65,000
C-section + complications	R50,000 – R150,000+
Extended NICU	R80,000 – R300,000+

Your out-of-pocket cost is almost always the shortfall. Everything else gets covered. Optimising that number is what this guide is about.

See what YOUR out-of-pocket would be → hi-aura.co.za/check

hi-aura.co.za/check

All costs are 2025/2026 estimates for SA private sector. Sources: hospital group tariff schedules (Netcare, Mediclinic, Life Healthcare), HPCSA specialist fee ranges, industry surveys. Silverhurst Wealth Partners (FSP 53208).

03

How Medical Aid Actually Works

PMB, scheme rates, and the gaps

PMB is not a magic word. Here's what it actually means — and where the gaps are.

"Don't worry, it's all covered by medical aid."

If you've said this or heard this about maternity costs, this chapter is for you. Because it's both true and misleading at the same time — and understanding the difference is worth tens of thousands of rand.

Medical aid does cover pregnancy. The law says it must. But "covered" doesn't mean "paid in full." There's a gap between the statutory minimum and what a private specialist charges — and that gap lands in your bank account if you're not prepared for it.

Here's how the system actually works.

The Law: PMB Conditions 741A and 926T

Every registered medical scheme in South Africa must fund two PMB (Prescribed Minimum Benefit) conditions related to maternity. PMB is the law — schemes cannot exclude, limit, or apply co-payments to these conditions.

PMB 741A — Pregnancy, labour, delivery, and puerperium: Covers uncomplicated and complicated pregnancy, normal labour and delivery, and postnatal care for both mother and baby. This is the statutory baseline for every pregnancy.

PMB 926T — Threatened and complicated pregnancy: Covers threatened miscarriage, ectopic pregnancy, pre-eclampsia, gestational diabetes requiring hospitalisation, preterm labour management, and related complications.

So yes — your scheme must cover your pregnancy. The question is: *at what rate?*

"Funded in full" means funded at the Designated Service Provider (DSP) rate. If you use the scheme's designated network hospital and a contracted specialist, your scheme pays 100% of the DSP rate. If your specialist charges more than the DSP rate — which most private OBs and anaesthetists do — the excess is your responsibility.

That excess is the shortfall. And it's the most common source of unpleasant financial surprises in maternity.

The DSP Trap

Your scheme has a network of hospitals and specialists — Designated Service Providers — at which it has negotiated rates. If you use DSP providers, you get PMB funding at their contracted rate.

Here's the trap: your OB might not be a DSP for your scheme. Or they might be a DSP for their hospital consultations but charge above DSP rate for delivery. Your anaesthetist is almost never a DSP — they're often independent practitioners who set their own fees.

The practical implication: Even if you have good medical aid and your hospital is in-network, if your specialists charge above the scheme rate, you have a shortfall. The scheme has technically complied with the PMB requirement. You're still paying the difference.

This is not a scandal. It's how the system is structured. And it's exactly why gap cover exists.

The Three Things Your Scheme Covers (And How Well)

Layer 1 — PMB minimum: Every scheme, every plan, must fund this. Natural and complicated delivery, emergency care, neonatal care at the PMB standard. No monetary cap. If you're at a DSP and your specialist charges at DSP rates: R0 out of pocket.

Layer 2 — Maternity programme benefits: Most schemes offer additional antenatal benefits above the PMB floor. To access these, you need to *register your pregnancy* — typically at 8–16 weeks via your scheme's maternity programme form. This is not automatic. Thousands of families miss benefits they've paid for simply because nobody told them to register.

What the maternity programme typically includes:

- 8–12 covered antenatal OB/GP visits
- 2–4 covered ultrasound scans (some comprehensive plans cover up to 6)
- Routine antenatal blood tests (FBC, blood group, VDRL, HIV, rubella, hepatitis B)
- Some plans: folic acid and iron supplements via chronic benefit
- Some plans: postnatal lactation consultant (1–2 visits), postnatal depression screening

Layer 3 — Enhanced plan benefits (top-tier plans only): Discovery's higher options, Bonitas Standard, Momentum Evolve, and others pay at higher tariff multiples for OB and anaesthetist fees — meaning smaller shortfalls. They may also offer higher NICU cover, additional scan allowances, and baby wellness programmes.

The Scheme Rate Problem

Medical schemes reimburse specialists at a percentage of the Medical Aid Tariff (MAT) — typically 100–200% of MAT depending on the plan. Specialists charge at 200–600% of MAT. The gap is your

shortfall.

Here's an example with real-ish numbers from a C-section:

Specialist	Scheme Pays	Specialist Charges	You Pay (Without Gap Cover)
OB — delivery	R18,000	R38,000	R20,000
Anaesthetist	R9,000	R22,000	R13,000
Paediatrician	R2,000	R4,500	R2,500
Total shortfall			R35,500

R35,500. On top of everything medical aid already paid. This is the standard outcome for a C-section birth at a private hospital when there's no gap cover. It's not a horror story — it's Tuesday in South African obstetrics.

The good news: gap cover turns this from a R35,500 problem into a R0 problem. Chapter 4 explains how.

The Waiting Period Problem (And How to Avoid It)

The most preventable maternity financial crisis: discovering your medical aid has a 12-month waiting period for maternity benefits after you're already pregnant.

New members and late joiners can be subject to waiting periods of 3–12 months for maternity-specific benefits. If you fall pregnant during a waiting period, routine antenatal care may be excluded.

The PMB exception: even during a waiting period, emergency care under PMB 741A and 926T cannot be withheld. If you develop pre-eclampsia during a waiting period, the scheme must cover it. But your non-emergency antenatal visits may not be covered until the waiting period expires.

The planning rule: Join or switch plans at least 13 months before you want to conceive. The 13-month buffer ensures the waiting period has fully lapsed before your pregnancy begins.

If you're already pregnant and have a waiting period issue — call AURA. There are sometimes options, and it's worth knowing them before the birth.

Which Plan Tier You Actually Need

A common misconception: you need a comprehensive plan for maternity cover. You don't.

PMB maternity cover applies to every plan, including hospital-only plans. A hospital plan covers the birth event itself at the PMB minimum. You may have less antenatal visit and scan cover than a comprehensive plan — but the birth itself and any complications are covered under PMB.

The practical questions are:

- How much do you want covered antenatally (scans, visits, tests)?
- How important is the maternity programme benefit to you?

- What is the OB fee gap you're comfortable carrying vs what gap cover covers?

AURA compares plans across all these dimensions. The right plan for a first-time mom in her 30s with a senior OB at a Netcare hospital looks different from the right plan for a mom switching from public to private at 20 weeks. The answers are specific to your situation.

Not sure if your plan covers maternity properly? → hi-aura.co.za/check

hi-aura.co.za/check

Silverhurst Wealth Partners (FSP 53208). PMB conditions are defined in the Regulations to the Medical Schemes Act (Act 131 of 1998) as amended. Scheme-specific benefits vary by plan. This is general financial information, not medical advice.

04

Gap Cover — The Safety Net

The R80/month that saves R40,000+

R80–R350 a month. Pays out R40,000 on a typical C-section. This is the maths.

If there's one chapter in this guide to act on immediately, it's this one.

Gap cover is the most misunderstood and underutilised financial product in South African healthcare. It's also one of the best value-for-money insurance products you can buy when you're planning a baby.

Here's the one-paragraph explanation:

Gap cover is short-term insurance that pays the difference between what your medical aid reimburses and what your specialist actually charges. That difference — called the shortfall — can be R5,000 for a GP procedure or R60,000 for a C-section birth. Gap cover pays it, up to an annual limit of approximately R220,000.

That's it. That's gap cover. Let's talk about why it matters so much for maternity.

The Real Numbers: A C-Section Example

You're having a C-section. You have a good medical aid plan. Your OB is excellent and expensive. Here's what happens to the bills.

Who Charges	They Charge	Your Scheme Pays	The Gap
OB — delivery fee	R42,000	R19,000	R23,000
OB — antenatal visits (excess)	R8,000	R4,500	R3,500
Anaesthetist — spinal block	R24,000	R10,000	R14,000
Paediatrician — newborn check	R3,800	R2,000	R1,800
Total shortfall			R42,300

Without gap cover: R42,300 goes onto your personal account.

With gap cover: R0. The policy pays it.

Your annual gap cover premium for a couple: approximately R3,000–R6,000 per year.

The payout from one birth event: R42,300.

The return on investment, in the year you have a baby, is obvious.

What Gap Cover Pays

For maternity, gap cover pays in-hospital specialist shortfalls:

- Obstetrician shortfall (antenatal visit excesses and delivery fee gap)
- Anaesthetist shortfall (epidural, spinal, or general anaesthesia)
- Paediatrician and neonatologist shortfall
- Any other specialist you encounter during the admission

What gap cover does NOT pay:

- Hospital accommodation upgrades (requesting a private room when you're entitled to a shared room — this is a co-payment, not a shortfall)
- Non-PMB elective items (specific brand of formula, private nursing)
- Outpatient antenatal costs that your scheme already covers through the maternity programme

The shortfall rule is simple: if your medical aid received the bill and paid part of it, gap cover typically pays the difference.

The OPL: Your Annual Safety Net

Every gap cover policy has an Overall Policy Limit (OPL) — the maximum the policy will pay across all claims in a 12-month period. The OPL across the products we price sits at approximately R220,000 per insured person per year.

For Scenarios A and B (natural or C-section births without complications), total shortfalls typically run R25,000–R65,000 — comfortably within the OPL. Gap cover pays in full.

For more complex births — NICU admissions, multiple specialists, extended hospitalisation — shortfalls can approach the OPL. In extreme prematurity (8–16 weeks NICU), shortfalls may exceed it. This is why the emergency fund in Chapter 11 is non-negotiable for families at higher risk.

Adding your baby to gap cover: Do this within 30 days of birth. Same deadline as adding them to medical aid. After 30 days, fresh applications may apply.

The Waiting Period — Read This Before You Buy

Medical aid has a 12-month maternity waiting period for new members. So does gap cover, on almost every product on the market.

Of the 37 gap cover policies we price, 36 carry a maternity waiting period of 10 or 12 months. The one that does not excludes maternity permanently. There is no product on our panel that covers a birth in the first ten months.

- If you are planning a pregnancy — take out gap cover now, at least 12 months before you hope to conceive. Start it early and the waiting period is simply over before it matters.
- If you are already pregnant — gap cover taken out today will almost certainly not pay for this birth. Take it only if you intend to keep it for the next one, and ask the provider in writing for the date your maternity cover actually starts.

Gap cover is easy to buy — no medical underwriting, no questionnaire, no blood tests. That ease is often mistaken for immediate cover. It is not. If you are reading this already pregnant, the honest answer is that gap cover will not fund this birth, and anyone who tells you otherwise has not read the policy.

How to Get Gap Cover

Gap cover doesn't require medical underwriting. You apply, you pay, and you wait — a general waiting period of about three months for everything else, and 10 to 12 months for maternity.

Provider	Overall annual limit	Maternity waiting period
Ambledown	R219 845	12 months
Discovery Gap	R219 846	12 months (Gap Active: excluded)
Sirago	R223 000	10 months
Stratum Benefits	R219 845	10 months
Turnberry	R219 845	10 months
Zestlife	R219 800	12 months

Generated from the AURA product catalogue v137, 2026 plan year, 37 policies. Confirm with the provider before you buy.

Ask AURA which gap cover product pairs best with your specific medical aid plan — the combination matters, and so does when you start.

Find the right gap cover for your plan → hi-aura.co.za/check

The One Thing to Do This Week

If you are planning a pregnancy and do not have gap cover — take out a policy this week. Not because the birth is close, but because the waiting period is long and it only starts when the policy does.

If you have it: check that your partner is covered, and check when the maternity waiting period on your policy ends.

Silverhurst Wealth Partners (FSP 53208). Gap cover is short-term insurance regulated under the Short-Term Insurance Act. Waiting periods and limits are as published for the 2026 plan year and change annually.

05

When Two (or Three) Become the Plan

Twins and multiples

Twins are twice the joy. They're also three times the financial planning.

The sonographer is quiet. She's measuring. She's looking at the screen rather than at you. And then:

"So... I'm seeing two heartbeats."

There is a specific type of joy-terror that belongs exclusively to that moment. It usually involves crying, and also laughing, and sometimes holding very still because if you don't move maybe the reality won't fully arrive.

Here's the financial reality:

A twin pregnancy and birth costs significantly more than a singleton. Not 2× — often 3–5× more. The birth event generates larger specialist fees, near-certain C-section, extended hospital stay, and a very high probability of NICU for at least one baby. The first year doubles almost every line item in the budget.

This chapter covers what you need to know.

Prevalence in SA

Twin births occur naturally in approximately 1 in 80 pregnancies in SA. Fertility-assisted pregnancies (IUI, IVF) have significantly higher twin rates — 20–25% of IVF pregnancies produce multiples, which is why fertility treatment is discussed alongside multiples planning.

If you've had fertility treatment, multiples aren't just a possibility — they're a planning assumption.

Why It's Not 2×

"Double the baby, double the cost" undersells it. Here's why the multiplier is higher:

C-section is near-certain for twins. The SA private sector C-section rate is 73% for singletons. For twins, it's closer to 95%. This means higher OB fees, higher anaesthetist fees, and the full C-section hospital cost — no natural birth discount.

Two OBs or two delivery fees. Some twin deliveries involve two obstetricians (one per baby). Many hospitals require it. Ask your OB upfront: will there be one or two delivery fees? Two delivery fees at R38,000 each = R76,000 vs one at R38,000.

Two paediatricians, two neonatologists. Each baby gets its own clinical assessment. Each generates its own specialist fee. If both babies go to NICU — two babies, two daily neonatologist fees, two sets of gap cover shortfalls.

NICU for twins is not exceptional — it's expected. Twins born before 36 weeks (which is most twin pregnancies) have near-100% NICU admission rates. The average twin gestation is 35–36 weeks. Expect NICU. Plan for NICU.

The hospital stay is longer. A twin C-section with NICU involvement typically means 4–7 nights for the mother, and NICU stays of 1–3 weeks for the babies. This extends the facility cost considerably.

Real Cost Ranges for Twins

Scenario	Total Before Medical Aid	Typical OOP With Good Cover
Twin natural birth (rare), no NICU	R120,000 – R220,000	R15,000 – R50,000
Twin C-section, brief NICU (1–2 weeks)	R200,000 – R500,000	R30,000 – R100,000
Twin C-section, extended NICU (4–8 weeks)	R500,000 – R1,500,000+	R80,000 – R300,000+

These numbers assume private hospital. The out-of-pocket figures assume comprehensive medical aid and gap cover in place.

The Gap Cover Problem with Twins

Here's the issue: each gap cover policy has an OPL of approximately R220,000 *per insured person*. Both parents should have gap cover. But the babies also need gap cover added post-birth, and each baby has their own OPL.

For a twin pregnancy with extended NICU:

- Your (mother's) gap cover OPL: ~R220,000
- Your partner's gap cover OPL: ~R220,000 (if covered, but not directly applicable here)
- Each baby's gap cover OPL (once added post-birth): ~R220,000

The maximum gap cover available for both babies' NICU specialist shortfalls is therefore approximately R440,000 across both their policies. In a severe twin prematurity scenario, specialist shortfalls can still exceed this.

The implication: For twin pregnancies, the emergency fund recommendation increases. Target R100,000 as a financial buffer, not R50,000.

Medical Aid Implications for Twins

The same PMB rules apply to each baby. Both babies have individual PMB entitlement for neonatal care. Both must be added to medical aid within 30 days of birth.

Plan selection matters more with twins. A plan with strong in-hospital benefit is critical — two babies in NICU can exhaust plan sub-limits on entry-level plans within 1–2 weeks. Comprehensive plans with unlimited or very high in-hospital limits are worth the premium for a twin pregnancy.

Year One: The Double Budget

Almost every non-medical cost doubles:

Item	Singleton	Twins
Nappies/month	R900	R1,700
Formula/month (if needed)	R1,600	R3,200
Car seats	R4,500	R9,000
Cots	R5,000	R10,000
Pram (twin pram)	R8,000	R12,000 – R25,000
Childcare	R6,500/month	R12,000 – R20,000/month

Twin prams are a category of their own — budget separately for this.

Total year-one budget for twins: R250,000–R650,000 (vs R62,000–R380,000 for a singleton).

The Emotional Side

Twins are genuinely magic. Two small humans who arrived together and will always have each other. Parents of multiples consistently describe it as the best thing that ever happened to them, once the initial chaos settles.

The financial pressure of twins is real. So is the sleep deprivation and the logistical complexity. But none of that changes the wonder of it.

Plan carefully. Save aggressively. Get good cover. And then let yourself enjoy it.

Planning for multiples? Check your cover → hi-aura.co.za/check?condition=materni

hi-aura.co.za/check

Silverhurst Wealth Partners (FSP 53208). All costs are 2025/2026 estimates. Twin pregnancies vary significantly in clinical and financial outcomes. Consult your obstetrician for clinical guidance specific to your pregnancy.

06

The Countdown

Trimester-by-trimester milestones

Financial milestones mapped to your pregnancy timeline. Print this. Put it on the calendar.

The best financial decisions in a pregnancy get made before conception. The second-best get made in the first trimester. By the time you're in third trimester, the window for structural changes (plan switches, major insurance reviews) has mostly passed. This is not a reason to panic — it's a reason to plan early.

Here's the financial timeline, from 12 months before you conceive to the first birthday.

Before Conception: 12+ Months Out

This is the highest-leverage window. Changes made here save the most money.

Check your medical aid maternity cover. Log in to your member portal. Find the maternity benefit. Answer these questions: Is maternity covered on my current plan? Do I have any remaining waiting period? What scans and visits does my plan cover? If the answer to the first question is no, or a waiting period remains — act now.

Get gap cover if you don't have it. Applications take 20 minutes. Most have no maternity-specific waiting period. Premium: R80–R350/month per adult. Do this today if you haven't.

Switch plan or scheme if needed. If your plan is inadequate for maternity, switch during annual open enrollment (most schemes allow October–December for January effect). The 12-month lead time ensures the new plan's waiting period lapses before you conceive.

Build R50,000 in emergency savings. This is your NICU buffer. Not theoretical — a 14-day Level 2 NICU admission generates R130,000–R290,000 in costs. The R50,000 covers the gap between what your cover pays and what you're exposed to in a moderate complication scenario.

Review and increase life cover. A new child changes the calculus entirely. Life cover sized for a childless household is insufficient for one with a dependant. Review and increase before the birth — premiums are lower when you're healthy, and post-natal health complications can affect insurability.

Update your will. If you have one, add a guardian clause. If you don't have one, get one. This is non-negotiable once children are in the picture. (Chapter 10 covers the detail.)

First Trimester (Weeks 1–12)

GP visit and pregnancy confirmation. The GP consultation is covered through your standard consultation benefit. A serum beta-HCG blood test is a diagnostic investigation benefit item.

Register with your scheme's maternity programme. Do this at 8–12 weeks. Call your scheme or submit online. Registration unlocks additional scan, visit, and supplement benefits. Many parents miss these benefits because nobody told them to register. Don't be one of them.

Choose your obstetrician — and check their fees. Your OB is the largest cost variable in your birth event. Before committing, ask:

- What is your full antenatal care fee?
- What is your delivery fee (natural vs C-section)?
- What multiple of scheme rate do you charge at?
- Which hospitals do you deliver at, and are they network hospitals on my plan?

An OB charging at 5× the scheme tariff vs one at 2–3× can represent a R20,000–R40,000 difference in shortfall on a single birth event. This is a financial decision as much as a clinical one.

Check your employer maternity leave policy. Ask HR in writing: How much of my 4-month BCEA leave is paid? What's the company policy on top-up? Understanding this now allows you to plan the income gap accurately.

First scan costs. The 12-week dating scan (NT scan) costs R1,500–R3,500. Confirm whether your plan covers this under the maternity programme antenatal benefit or the diagnostic imaging benefit — and whether pre-authorisation is required.

Second Trimester (Weeks 13–26)

The 20-week anomaly scan. The TIFFA scan at 18–22 weeks is the most important ultrasound in the pregnancy. It's also R2,000–R4,500. Confirm coverage with your scheme; some plans require pre-authorisation for specialist ultrasound.

Routine blood tests — glucose tolerance test (GTT). Gestational diabetes screening happens at 24–28 weeks. GTT is covered through the diagnostic benefit. No action required, but know it's coming.

Start budgeting for year one. You have 4–6 months. The budget in Chapter 8 gives you a framework — budget, mid-range, and premium scenarios. Choose your tier and start putting money aside.

Childcare research begins now. Crèches and good au pairs book up. If you plan to return to work at 4 months, you need a childcare solution in place from conception, effectively. Don't leave this for the third trimester.

Paternity leave planning. Your partner is entitled to 10 days of BCEA parental leave, funded by UIF at approximately 38–58% of salary. Review your household income during this period and plan accordingly.

Third Trimester (Weeks 27–40)

Hospital pre-admission and pre-authorisation. Your OB's rooms typically initiate this — confirm it's done. Pre-authorisation should specify: planned hospital (confirm network status), planned delivery type, expected length of stay. Get the authorisation reference number. Write it down somewhere physical.

Confirm the anaesthetist. Ask your OB who their preferred anaesthetist is. Ask for the fee schedule. If the fee represents a large gap exposure and you have an OPL concern, you can request an alternative.

UIF application prep. You can't submit a UIF maternity claim until you've started leave, but preparing the paperwork now saves time in the fog of new parenthood. Documents needed: ID, UI-19 form from employer, UI-2.1 form, banking details, medical certificate. (Full UIF guide in Chapter 10.)

Pack your financial documents alongside the hospital bag. When you leave for hospital: medical aid card, gap cover policy number and emergency contact, pre-authorisation reference number, ID document.

Post-Birth: Weeks 1–4

Register baby on medical aid within 30 days. This is the most time-critical financial action after the birth. After 30 days, your baby may be subject to late-joiner waiting periods. Call your scheme the day you get home.

Register baby on gap cover within 30 days. Same deadline. A baby in NICU needs gap cover from day one.

Submit all claims systematically. Specialist invoices arrive in waves over the weeks following the birth. File every one. Cross-reference with your scheme's claims statements. Gap cover claims may need to be submitted separately with the medical aid remittance advice attached.

Months 1–12: Family Financial Review

By month 6, you have real data on what your family actually costs. Review your plan at the annual enrollment window. Feed your updated profile into AURA. The right plan for a family of 3 (or 4, or 5) looks different from the right plan for a couple.

Get your personalised cover review → hi-aura.co.za/check

hi-aura.co.za/check

Silverhurst Wealth Partners (FSP 53208). Timeline milestones are general guidance — actual timing varies by individual circumstance.

07

When Things Don't Go to Plan

NICU, complications, catastrophe cover

Nobody wants to read this chapter. But if you need it, you'll be glad you did.

The births in Chapter 2 — the natural, the C-section, even the straightforward complications — account for roughly 85–90% of pregnancies. This chapter is for the other 10–15%.

We're writing it because financial stress in a NICU is a layer of suffering that doesn't have to be there. Nobody can make the clinical uncertainty less scary. But the money part — that we can help with.

NICU: The Reality

About 1 in 8 births results in some level of NICU admission. Most are short — term babies with transient low blood sugar, mild breathing difficulty, or a brief observation period. These are resolved within a few days and generate moderate costs.

The cases that carry significant financial weight involve premature babies:

Gestation	NICU Duration	Daily Cost	Typical Total
34–37 weeks (late preterm)	1–2 weeks	R9,000–R20,000/day	R63,000–R280,000
32–34 weeks (moderate preterm)	2–4 weeks	R12,000–R25,000/day	R168,000–R700,000
28–32 weeks (very preterm)	4–8 weeks	R18,000–R45,000/day	R504,000–R2,520,000
<28 weeks (extreme preterm)	8–16+ weeks	R22,000–R55,000/day	R1,200,000+

A 14-day NICU stay at Level 2 — a preterm baby at 33 weeks, no ventilation — costs R130,000–R290,000 before medical aid.

This is real. It happens to real families. And it can be financially devastating without preparation.

What Medical Aid Covers in NICU

The PMB floor: Neonatal intensive care falls under PMB 741A. There is no monetary cap on medically necessary neonatal care at the PMB minimum standard. Your scheme must fund it — at DSP rates. This is meaningful: for families at network hospitals with in-network neonatologists, the PMB floor covers the core daily care costs.

In-hospital benefit: Above the PMB minimum, NICU costs are covered under the in-hospital benefit up to your plan's annual limit. Comprehensive plans (Discovery Executive, Bonitas Standard) have high or unlimited in-hospital limits — they absorb most extended NICU accommodation costs. Entry-level and hospital plans may have monetary limits that are exhausted within 2–3 weeks of Level 3 NICU.

Neonatologist shortfall: The neonatologist visits your baby daily. Their fee above scheme rate is a shortfall — paid by gap cover. For a 30-day NICU stay, neonatologist shortfalls alone can reach R30,000–R90,000.

What Gap Cover Pays in NICU

Gap cover pays specialist shortfalls: neonatologist, paediatric respiratory physician, paediatric surgeon (if procedures needed), ophthalmologist (retinopathy screening — standard for preterm babies), physiotherapist.

For a 6-week NICU stay with multiple specialist visits, total specialist shortfalls typically run R60,000–R200,000. Most of this is within the R220,000 OPL.

For very extended admissions — 10–16 weeks — specialist shortfalls can approach or exceed the OPL. This is where the emergency fund becomes the last line of defence.

If Your Baby Is in NICU Right Now

If you're reading this from a NICU waiting room — breathe. Here's the financial checklist, in order:

- 1. Confirm pre-authorisation.** Ask the ward clerk: "Is this admission pre-authorised with [scheme name]?" For a PMB emergency, retrospective authorisation must be granted. You won't be held liable for unauthorised PMB care.
- 2. Request a case manager from your scheme.** For admissions expected beyond 7–10 days, ask your scheme to assign a case manager. They facilitate pre-auth of additional days and can coordinate care. They're a benefit — not a threat.
- 3. Ask for daily cost estimates.** The hospital's billing department can give you a running total. This helps you track how in-hospital benefit is tracking before an unexpected bill arrives.
- 4. Contact your gap cover provider.** Notify them of the admission. Confirm the OPL remaining for this policy year. Ask whether any sub-limits apply to neonatal care.
- 5. Log every treating specialist.** In a busy NICU, multiple specialists see your baby — neonatologist, respiratory physician, cardiologist, ophthalmologist. Each generates a separate invoice and shortfall. Ask the ward clerk for a treating specialist list.

6. Speak to the hospital social worker. If costs are heading toward levels that exceed your cover, the social worker has access to internal financial assistance frameworks, charitable funds, and can facilitate negotiations you wouldn't navigate alone. Ask to be referred.

The Costs Nobody Mentions

NICU involves more than the daily rate. These add up:

Parking and meals — If your baby is in NICU for 6 weeks, you're driving to that hospital every day. Budget R3,000–R6,000 in parking and food costs per month of admission.

Your own medical costs — If you had a complicated birth, your own recovery may involve additional GP or OB visits post-discharge. These are covered through standard benefits but keep track.

Lost income — If your partner extends unpaid leave to support a NICU admission, budget for the income gap. Paternity UIF covers 10 days. Beyond that, it's personal savings.

Counselling — NICU is traumatic. Both parents are usually in a state of controlled crisis. Professional psychological support during and after is worth the cost. Look for scheme mental health benefits that can absorb some of this.

Support Resources

You are not navigating this alone.

PANDA SA (Premature Advocacy and Neonatal Development Advancement) — support for NICU families, practical guidance, peer community.

LittleSteps — SA-based community for NICU parents. www.littlesteps.co.za

SANDS SA (Stillbirth and Neonatal Death Society) — for families navigating neonatal loss.

Most major private hospitals have NICU family support coordinators. Ask at the NICU nursing station to be connected.

Check your catastrophe cover → hi-aura.co.za/check

hi-aura.co.za/check

Silverhurst Wealth Partners (FSP 53208). NICU cost figures are 2025/2026 estimates. Individual outcomes vary significantly. The emotional support resources listed are independent of Silverhurst.

08

The First Year — The Real Budget

Nappies to neonatal

Nappies. Formula. Childcare. The stuff nobody budgets for. Let's fix that.

The birth event gets all the attention. But a baby is not a one-time cost.

Starting the day you arrive home from hospital, you enter a 12-month stretch of ongoing expenses that most families significantly underestimate. Some of it is expected (nappies, formula). Some of it sneaks up on you (the pharmacy runs at 11pm, the six sets of onesies you went through in a week because newborns are chaos in cute packaging).

This chapter gives you the full year-one budget across three tiers: budget, comfortable, and premium. Pick your tier, add it to your planning, and don't be surprised.

Medical Costs: Year One

Paediatrician Visits

Well-baby checks happen at specific milestones: 2 weeks, 6 weeks, 3 months, 6 months, 9 months, 12 months. Add 4–6 sick visits (upper respiratory infections, gastroenteritis, mystery rashes — all standard first-year events).

Visit Type	Per Visit	Year 1 Total
Well-baby check (paediatrician)	R900 – R2,200	R5,400 – R13,200
Sick visit (GP)	R600 – R1,400	R2,400 – R5,600
Sick visit (paediatrician)	R1,200 – R2,500	R2,400 – R5,000
Total medical visits		R10,200 – R23,800

Most covered through the specialist consultation benefit. Frequent sick visits can exhaust sub-limits on lower-tier plans — another reason plan selection matters.

Vaccinations

The EPI (Expanded Programme on Immunisation) schedule is free at public clinics. In the private sector, your paediatrician administers EPI vaccines (usually covered by the vaccine benefit) plus additional private vaccines:

- Rotavirus: R1,000–R2,400 (2–3 doses)
- Pneumococcal: R3,600–R6,000 (3 doses)
- Meningococcal: R800–R1,500
- Varicella (chickenpox): R600–R1,000
- Annual influenza: R300–R600

Total private vaccines, year 1: R6,000–R14,000. Coverage varies by scheme — confirm yours.

Total Medical, Year 1

With birth costs included, year-one medical total:

- Budget (public vaccinations, few sick visits): R15,000
- Mid (private vaccinations, standard sick visit rate): R45,000
- Premium (frequent specialist visits, all private vaccines): R120,000

Non-Medical: The Monthly Budget

Nappies

A newborn uses 8–10 nappies a day. A 6-month-old uses 5–7. That's 2,500–3,000 nappies in year one. At R2.50–R7.00 per nappy:

Option	Monthly	Annual
Budget brand	R650 – R900	R7,800 – R10,800
Premium brand (Pampers, Huggies)	R900 – R1,400	R10,800 – R16,800
Cloth nappies (after initial spend)	R200 – R400	R2,400 – R4,800

Mid-point: **R900/month**, R10,800/year.

Formula (If Not Breastfeeding)

Breastfeeding is free. Whoever said it's "natural" clearly forgot to mention that "natural" doesn't always mean "immediately straightforward" — but when it works, it saves you R12,000–R54,000 a year. If formula is your path:

Type	Monthly Cost	Annual
Budget formula	R900 – R1,200	R10,800 – R14,400
Standard (Nan, Aptamil, S26)	R1,500 – R2,200	R18,000 – R26,400
Specialised (hypoallergenic, anti-reflux)	R2,500 – R4,500	R30,000 – R54,000

If your baby needs specialised formula — prescribed by a paediatrician — check your scheme's chronic benefit. Some plans cover it. Most don't by default, but it's worth the fight.

Clothing

Babies grow through four sizes in year one. Budget R2,000–R8,000 for clothing depending on how much you buy new vs secondhand, and how good your support network is at baby showers.

Essential Equipment

Item	Budget	Mid	Premium
Car seat (legally required)	R2,000	R4,500	R10,000
Cot + mattress	R2,500	R5,000	R15,000
Pram / travel system	R2,500	R8,000	R25,000
Baby monitor	R500	R1,500	R4,000
Feeding equipment	R600	R1,500	R3,500
Total	R8,100	R20,500	R57,500

The car seat is not optional under the National Road Traffic Act. Budget for it regardless of which tier you choose.

Childcare

For most SA families, childcare is the single largest ongoing cost after the birth. It usually starts at 3–6 months (when maternity leave ends) and runs for years.

Option	Monthly Cost (Gauteng / Cape Town)
Full-time live-in au pair	R6,000 – R12,000
Full-time live-out nanny	R5,500 – R9,000
Part-time au pair (mornings)	R4,000 – R7,000
Home-based crèche	R4,000 – R7,500
Registered ECD centre	R3,500 – R12,000

Remember: an au pair is an employee. You're responsible for UIF, skills levy, and PAYE deductions. Budget accordingly.

Annual childcare cost from month 4: **R42,000–R108,000** (9 months).

The Full Year-One Budget

Category	Budget	Mid	Premium
Medical (birth + year 1)	R15,000	R45,000	R120,000

Nappies	R8,000	R11,000	R17,000
Formula (if applicable)	R0	R18,000	R54,000
Clothing	R3,000	R6,000	R18,000
Equipment (once-off)	R8,000	R20,000	R58,000
Childcare (9 months)	R36,000	R63,000	R108,000
Incidentals (pharmacy, takeaways when you're too tired to cook, emergency nappy runs)	R3,000	R8,000	R15,000
Total Year 1	R73,000	R171,000	R390,000

Monthly Budget Impact

From the month of birth, these costs land on top of your existing household budget:

New Monthly Cost	Budget	Mid	Premium
Nappies	R650	R950	R1,400
Formula (if needed)	R0	R1,600	R3,500
Childcare (from month 3–6)	R3,500	R6,500	R10,500
Medical aid premium (add baby)	R400	R900	R1,800
Life cover (increased)	R300	R700	R1,500
New monthly spend	R4,850	R10,650	R18,700

Build this into your monthly budget before the birth. Factor in the income reduction during maternity leave (BCEA minimum is unpaid; UIF benefit is partial). The gap between current income and maternity-leave income, plus new baby expenses, is the number to stress-test.

Make sure your medical aid is working as hard as it can for your family → hi-aur

hi-aura.co.za/check

Silverhurst Wealth Partners (FSP 53208). Costs are 2025/2026 estimates for Gauteng and Western Cape. Costs vary by region. Formula cost assumes full formula feeding; breastfeeding mothers have R0 formula cost.

09

Fertility — The Financial Side

IUI, IVF, what medical aid covers

For some families, the journey starts with a different kind of planning.

This chapter is not for everyone. If you're already pregnant and fertility treatment isn't part of your story, skip ahead. This chapter will be here if you ever need it.

For the families who are here because getting pregnant has been harder than expected: you're not alone, and you deserve the same quality of practical financial information as everyone else in this guide.

An estimated 1 in 6 South African couples experiences infertility. The financial dimension of fertility treatment is significant, poorly understood, and almost entirely self-funded. The average IVF cycle costs R56,000–R113,000. Success rates per cycle are 35–45% under 35. Many couples go through 2–3 cycles.

Here's what you need to know.

The Fertility Treatment Ladder

Fertility treatment starts at the lowest effective level and escalates based on results.

Step 1 — Investigation: Before any treatment, the cause is identified. Semen analysis, hormonal panels, pelvic ultrasound, fallopian tube assessment (HSG). Total investigation cost: R5,000–R15,000. Most of this is covered through standard diagnostic benefits.

Step 2 — Ovulation induction (OI): Oral medication (clomiphene or letrozole) to stimulate ovulation, combined with monitoring ultrasounds and timed intercourse. Cost per cycle: R3,000–R7,800. Usually covered through standard benefits.

Step 3 — IUI (Intrauterine Insemination): Washed sperm placed directly into the uterus at the time of ovulation. Success rate: 10–20% per cycle.

IUI Cost Component	Per Cycle
Stimulation medications	R3,000 – R8,000
Monitoring ultrasounds	R2,000 – R5,000
IUI procedure	R2,500 – R5,000

Sperm preparation	R1,500 – R3,000
Total per IUI cycle	R9,000 – R21,000

Most couples try 3–4 IUI cycles before escalating to IVF.

Step 4 — IVF (In Vitro Fertilisation): Egg retrieval under anaesthesia, fertilisation in the laboratory, embryo culture, embryo transfer. The most effective but most expensive option.

IVF Cost Component	Per Cycle
Hormonal stimulation medications	R15,000 – R35,000
Monitoring ultrasounds (6–8 scans)	R6,000 – R14,000
Egg retrieval (facility + specialist)	R15,000 – R25,000
Laboratory (fertilisation + culture)	R12,000 – R22,000
Embryo transfer	R6,000 – R12,000
Luteal phase support	R2,000 – R5,000
Total per fresh IVF cycle	R56,000 – R113,000

Frozen embryo transfer (FET) — using embryos banked from a previous stimulation — costs R15,000–R35,000 per cycle.

Success rates: 35–45% per cycle under 35; 20–30% at 35–40; declining significantly after 40.

Average cost to achieve pregnancy via IVF: 2–3 cycles = R112,000–R340,000.

Other Fertility Options

Option	Cost
Egg freezing (oocyte cryopreservation)	R40,000 – R70,000
Annual embryo storage	R3,000 – R6,000/year
Donor sperm (per vial)	R4,000 – R12,000
Donor egg IVF	R80,000 – R130,000
Preimplantation genetic testing (PGT-A)	R15,000 – R25,000 (additional to IVF)

What Medical Aid Covers

What most schemes cover: Diagnostic investigation (blood tests, semen analysis, HSG, ultrasound). These are covered as standard diagnostic benefits.

What some schemes cover: IUI procedure costs; limited lifetime IVF benefit (typically R15,000–R50,000 — enough for a fraction of one cycle).

What most schemes do not cover: IVF medications (the largest single cost); multiple IVF cycles; donor gametes; embryo storage.

The honest picture: Fertility treatment in SA is predominantly self-funded. A lifetime scheme fertility benefit of R30,000 covers roughly one-third of one IVF cycle. Budget for the full cost independently.

Tax Implications

Fertility treatment qualifies for the Section 6B Additional Medical Expenses tax deduction. Out-of-pocket qualifying medical expenses (including IVF) that exceed 7.5% of taxable income can be deducted. For couples spending R200,000+ on fertility treatment, this is worth the calculation — consult a tax advisor.

The Emotional-Financial Cycle

Fertility treatment is expensive, uncertain, and emotionally demanding. Couples undergoing IVF report stress levels comparable to other significant health events. The financial pressure adds to this.

A few things worth knowing:

The uncertainty of fertility treatment makes financial planning harder than most health expenses. The question isn't "how much will one IVF cycle cost?" It's "how many cycles do we try, and at what point do we reassess?" Budget for 2–3 cycles as a baseline. Decide in advance — with your partner and your fertility specialist — what your financial and emotional limit is.

If fertility treatment is in your near future, it's worth reviewing your medical aid plan specifically for fertility diagnostic benefits. AURA identifies plans with the strongest diagnostic fertility cover in your budget bracket.

Check your fertility diagnostic cover → hi-aura.co.za/check

hi-aura.co.za/check

Silverhurst Wealth Partners (FSP 53208). Fertility treatment costs are 2025/2026 estimates for SA private sector. Clinical guidance should come from a registered reproductive endocrinologist.

10

Your Rights

Leave, UIF, tax credits, wills

The financial admin nobody tells you about. And what it's actually worth.

Having a baby triggers a set of legal entitlements that have real rand value. Most South African families claim some of them. Few claim all of them.

This chapter is the complete list. Work through it systematically — there's money here you're already entitled to.

Maternity Leave: What the Law Says

Basic Conditions of Employment Act (BCEA), Section 25: Every employee in South Africa is entitled to **4 consecutive months of maternity leave**. This is a statutory right — your employer cannot refuse it, reduce it, or penalise you for taking it.

The BCEA entitlement is unpaid at the statutory level. Your employer pays you during maternity leave only if their policy says so — not because the BCEA requires it. Many employers supplement the UIF benefit or offer full pay for part of the leave. Find out your specific situation before the birth, not after.

Check with HR, in writing: How much of my 4-month leave is paid? At what rate?

UIF Maternity Benefits: How to Claim What You're Owed

The Unemployment Insurance Fund (UIF) provides maternity benefits to qualifying contributors. This is probably the most underutilised financial entitlement in South Africa.

Do you qualify?

- You must be registered as a UIF contributor (all PAYE employees are automatically registered — check your payslip for the UIF deduction line)
- You must have contributed for at least 13 weeks in the preceding 4 years
- You must apply within 8 weeks of starting maternity leave

How much will you receive?

UIF maternity benefit is calculated as a percentage of your average salary over the preceding 4 years, on a sliding scale:

- Earnings below the UIF threshold (~R17,712/month): approximately 38–58% of daily earnings
- Earnings above the threshold: benefit is capped at the maximum daily rate (~R870/day as of 2025 — verify with the Department of Employment and Labour)

For a 4-month claim at the cap: approximately R870/day × 119 days = ~R103,530. For a lower earner at 58% of salary, the benefit is proportionally higher relative to income.

How to claim:

Apply at www.uif.gov.za or in person at the nearest Department of Labour office. You'll need:

- Your ID
- UI-19 form (completed by your employer — confirms last day worked and remuneration)
- UI-2.1 form (your declaration)
- Banking details
- Medical certificate confirming pregnancy and expected due date
- Birth certificate (submitted after the birth)

Apply as early as possible. Processing takes 4–8 weeks. Payments are bi-weekly in arrears.

For the partner: 10 days of BCEA parental leave applies, also UIF-funded at the same rate. Apply at the same office.

Medical Tax Credits: The Baby Benefit

Every medical scheme member receives a monthly Medical Scheme Fees Tax Credit (MTC) — a fixed rand amount deducted from your tax liability.

2025/2026 MTC rates:

- Main member: R364/month
- First dependant: R364/month
- Each additional dependant (including new baby): R246/month

From the month of your baby's birth, your baby qualifies as a medical aid dependant. That's an additional R246/month — **R2,952/year** — in tax relief. It's automatic from the date of birth, applied when you file your annual return, provided the baby is registered on your medical aid.

Additional Medical Expenses Deduction (Section 6B)

Out-of-pocket qualifying medical expenses above 7.5% of taxable income may qualify for further tax deductions for taxpayers under 65. If you've had a significant NICU admission, fertility treatment, or other high medical costs, calculate this with your accountant — it can be meaningful.

Baby Registration: Don't Skip This

Birth certificate: All births must be registered at the Department of Home Affairs within **30 days** of birth. It's free. The hospital provides a DHA-24 Notification of Birth form. Take it and your ID to Home Affairs.

The birth certificate contains your child's ID number. You will need this for every administrative event in their life — school, medical aid, insurance, passport. Keep the original.

Register Baby on Medical Aid: 30-Day Deadline

Under the Medical Schemes Act, a newborn must be added to the principal member's scheme within **30 days of birth** to avoid late-joiner waiting periods. Call your scheme the day you get home from hospital. Most allow telephone registration with a birth certificate copy to follow within 60 days.

Your Will: Non-Negotiable

If you have a will, add your child immediately after birth. If you don't have a will, you need one.

Two provisions every parent must include:

Guardian clause: Designates who raises your child if both parents die while they are a minor. Without it, a court decides. With it, your wishes are carried out.

Testamentary trust: Minor children cannot inherit assets directly. Without a testamentary trust in your will, their inheritance goes to the Guardian's Fund — a state-administered fund your children access at age 18. A testamentary trust allows you to specify who manages the assets, and at what age and under what conditions your children receive them.

Will drafting: R2,500–R8,000 through an attorney. Online services: R500–R1,500. The investment is minimal. The consequence of not having one is not.

Life Cover: Resize for a New Dependant

A child is a financial dependant for 18–22 years. Your life cover should be sufficient to replace your income for the duration of that dependency.

Rule of thumb: $\text{life cover} = \text{monthly income} \times 12 \times 15$ (years to financial independence), less existing assets and savings. If your current life cover was sized for a childless household, it's almost certainly insufficient.

Increase your life cover before the birth — you're more likely to be insurable at the best rate now than after any post-natal health events.

Maximise what you're entitled to → hi-aura.co.za/check

hi-aura.co.za/check

Silverhurst Wealth Partners (FSP 53208). UIF benefit rates are set by the Department of Employment and Labour and subject to change — verify current figures before planning. Tax credit amounts are for the 2025/2026 tax year; verify with SARS.

11

The Checklist

10 things before you get pregnant

One page. Ten items. Print it. Stick it on the fridge.

Everything in this guide, reduced to ten actions. Do these before you start trying — and money will not be the thing that catches you off guard.

■ 1. Check Your Medical Aid Maternity Cover

Call your scheme or log into the member portal. Confirm: Is maternity covered on your current plan? Is there any remaining waiting period? What scans and visits are included?

If maternity isn't covered, or a waiting period remains — act now, not later.

→ Chapter 3 explains how medical aid actually works during pregnancy.

■ 2. Get Gap Cover

Take out a gap cover policy before pregnancy. Most have no maternity-specific waiting period or a short 1–3 month general waiting period. Premium: R80–R350/month.

The payout on a typical C-section: R42,000. The maths is obvious.

→ Chapter 4 has the full gap cover guide.

■ 3. Switch Plan or Scheme if Needed

If your plan lacks adequate maternity benefits — switch now, not at 10 weeks pregnant. Annual open enrollment runs October–December for most schemes (January effect). The 12-month lead time is why this is on the list.

AURA compares plans → hi-aura.co.za/check

hi-aura.co.za/check

■ 4. Build R50,000 in Emergency Savings

This is your NICU buffer. Not theoretical. A 14-day Level 2 NICU admission costs R130,000–R290,000. R50,000 bridges the gap between what your cover pays and what you're exposed to in a moderate complication scenario.

If you're expecting twins: target R100,000.

→ Chapter 7 covers the NICU financial reality.

■ 5. Review and Increase Your Life Cover

A new child is a new financial dependant for 18–22 years. Life cover sized for a childless household is insufficient for one with a child. Review and increase before the birth — you're most insurable when you're healthy.

Rule of thumb: monthly income $\times$ 12 $\times$ 15, less existing assets.

→ Chapter 10 covers the full life cover review framework.

■ 6. Update Your Will

Add a guardian clause (designates who raises your child if you can't) and a testamentary trust clause (governs how assets are held until your child is an adult). Without a will, a court makes these decisions.

Cost: R500–R8,000. Non-negotiable.

→ Chapter 10 covers wills in detail.

■ 7. Check Your Employer's Maternity Leave Policy

Ask HR in writing: How many months of paid maternity leave does the company provide? At what rate? BCEA guarantees 4 months — but only requires it be *available*, not paid. Your employer's policy determines how much of that is paid.

Knowing this before conception allows you to plan the income gap.

→ Chapter 10 covers BCEA and UIF maternity benefits.

■ 8. Register for UIF Maternity Benefit

Confirm you're registered as a UIF contributor (check your payslip for the UIF deduction line). You can't claim until you go on leave — but knowing your entitlement now means you can budget the income gap accurately.

Approximate benefit: 38–58% of your salary for up to 4 months. Most people claim less than they're owed.

→ Chapter 10 has the full UIF claim guide.

■ 9. Choose Your OB and Check Their Fees

Before committing to an obstetrician, ask: What are your full antenatal and delivery fees? What multiple of scheme rate do you charge? Which hospitals do you deliver at?

An OB charging 5× scheme rate vs 2–3× is a R20,000–R40,000 difference in shortfall on a single birth event.

→ Chapter 6 covers the OB selection framework.

■ 10. Message AURA

Go to hi-aura.co.za and run your profile through AURA. Answer 13 questions. See your medical aid cover against your actual maternity scenario. Get your top 3 plans with real savings numbers.

It takes 3 minutes. It costs nothing. It could save you R40,000+.

hi-aura.co.za/check

Or WhatsApp: 071 967 6606

Quick Timeline

Action	When
Life cover review	Today
Will update	Today
AURA check	This week
Gap cover	This month
Medical aid plan review / switch	12+ months before trying
Emergency savings (R50,000)	Start now
Employer leave policy	This month
OB selection	3–6 months before trying
UIF confirmation	This month
Pregnancy registration with scheme	As soon as pregnant

Silverhurst Wealth Partners (FSP 53208). This checklist is general financial planning guidance. It is not medical advice. Consult a registered financial advisor for advice tailored to your circumstances.

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What AURA Does for You

Free, advisor-reviewed, 3 minutes

The problem with medical aid. And how we fixed it.

The Problem

There are 112+ medical aid plans across 7+ registered schemes in South Africa.

Each plan has different benefits, different tariff rates, different maternity programme structures, different gap cover compatibility, different specialist networks, and different premiums. None of this is presented in a standardised, comparable format. The industry terminology is opaque by design. And most South Africans choose a plan based on one of three methods:

- "My employer chose it"
- "A broker I barely know picked it"
- "I chose it 5 years ago and haven't looked since"

The result: most South Africans are on the wrong medical aid plan. Not dramatically wrong. Just wrong enough to pay too much for too little, leave maternity benefits unclaimed, and face avoidable out-of-pocket costs at the worst possible time.

We know this because we built AURA to solve it.

The Solution: AURA

AURA is a free AI-powered medical aid advisory platform built by Silverhurst Wealth Partners — a registered financial services provider (FSP 53208).

Here's how it works:

Answer 13 questions. Age, income, health conditions, current plan, what matters most to you. The process takes 3 minutes.

See your spending. AURA models your expected medical spend against your current plan's structure — what you'd pay, where the gaps are, what you're over-paying for.

Get your top 3 plans. Ranked by fit to your profile, with projected savings vs your current plan. Real numbers, not marketing.

Every recommendation is advisor-reviewed. AURA is not a comparison website. It's a regulated financial advice platform. Every recommendation is generated by AI and reviewed by a licensed financial advisor before it reaches you. You're not getting an algorithm — you're getting advice that happens to be supported by very good technology.

What Makes AURA Different

Most medical aid comparison tools are lead-generation platforms. They show you plans and collect your phone number for a sales call. AURA is the opposite.

Regulated advice: We operate under FSP 53208. That means we're legally accountable for the recommendations we make. A comparison website has no such obligation.

No plan preference: AURA compares all 112+ plans. We don't give preferential treatment to any scheme. The right plan for you is the right plan for you — not the scheme that pays the highest commission.

Free. Always. AURA is free to use. We're remunerated by medical schemes when clients switch — the same structure as any registered broker. The advice costs you nothing. The outcome is a better plan for your family and a lower total cost of healthcare.

Built for real SA families. Not theoretical individuals. AURA models real conditions, real maternity scenarios, real gap cover compatibility, real sub-limits. The advice reflects how your family will actually use the plan.

What AURA Does for a Family Planning a Baby

For a family in the planning window (12+ months before conception):

- Identifies whether your current plan covers maternity properly
- Flags any remaining waiting period and when it lapses
- Compares maternity programme benefits across schemes in your budget
- Identifies the gap cover product that pairs best with your plan
- Projects your expected out-of-pocket cost per birth scenario
- Recommends plan upgrades where the premium increase is outweighed by the expected benefit

For a family already pregnant:

- Reviews your current plan against your confirmed birth scenario
- Advises on whether any changes are still possible mid-pregnancy
- Ensures you've registered with your maternity programme
- Prepares you for the pre-authorisation and post-birth registration steps

How to Access AURA

Web: hi-aura.co.za/check

WhatsApp: 071 967 6606 — message "Hi Aura" to start

Email: info@silverhurstwealth.co.za

AURA is free. The first check takes 3 minutes. Most families who use it either confirm they're on the right plan (peace of mind) or discover a better one (real savings).

Silverhurst Wealth Partners (Pty) Ltd — FSP 53208. AURA is an advisory service of Silverhurst Wealth Partners. Intermediary services provided by Approach Administrator (Pty) Ltd — FSP 23579. Recommendations are reviewed by registered financial advisors. This guide is a financial planning resource and does not constitute a specific advice recommendation for any individual.

About This Guide

Sources & Methodology

Cost estimates from SA private hospital group tariff schedules (Netcare, Mediclinic, Life Healthcare), HPCSA specialist fee guidance, SAHPRA Single Exit Price lists, and registered broker market data. All figures are 2025/2026 estimates; actual costs vary by facility and circumstance.

About Silverhurst Wealth Partners

Silverhurst Wealth Partners (Pty) Ltd — FSP 53208. Intermediary services via Approach Administrator (Pty) Ltd (FSP 23579). AURA is Silverhurst's AI-powered medical aid advisory platform.

Disclaimer

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Check your maternity cover in 3 minutes → hi-aura.co.za/check

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