

GEMS Perspective on Women's Health

October 2025

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The Government Employees Medical Scheme (GEMS) is an authorised Financial Services Provider (FSP No 52861)

Working towards a healthier you

Topics



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Background on GEMS



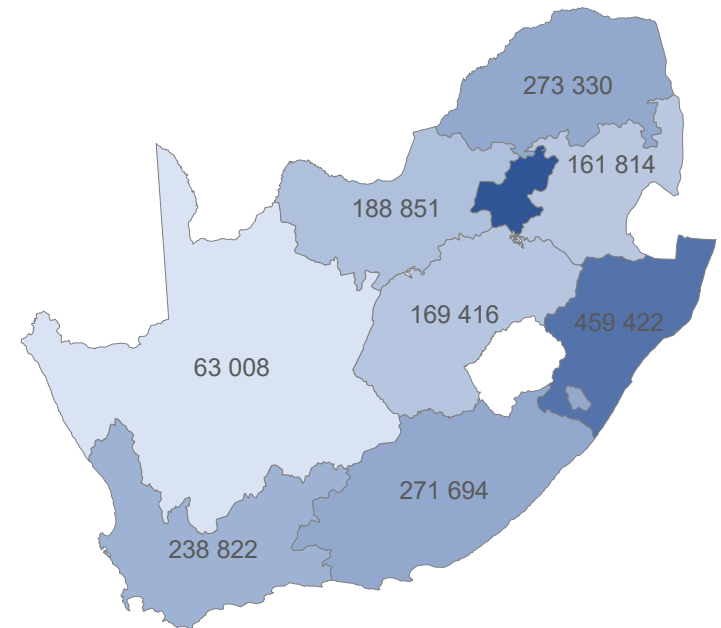
Overview of GEMS



GEMS is the **largest restricted** medical scheme in South Africa, with **voluntary membership** for public servants

Covering over **27% of all beneficiaries nationally**, it plays a key role in advancing access, affordability, & equity in healthcare, while leveraging its scale for cost efficiency & improved health outcomes

Gems membership across South Africa per province



**2.4
million**

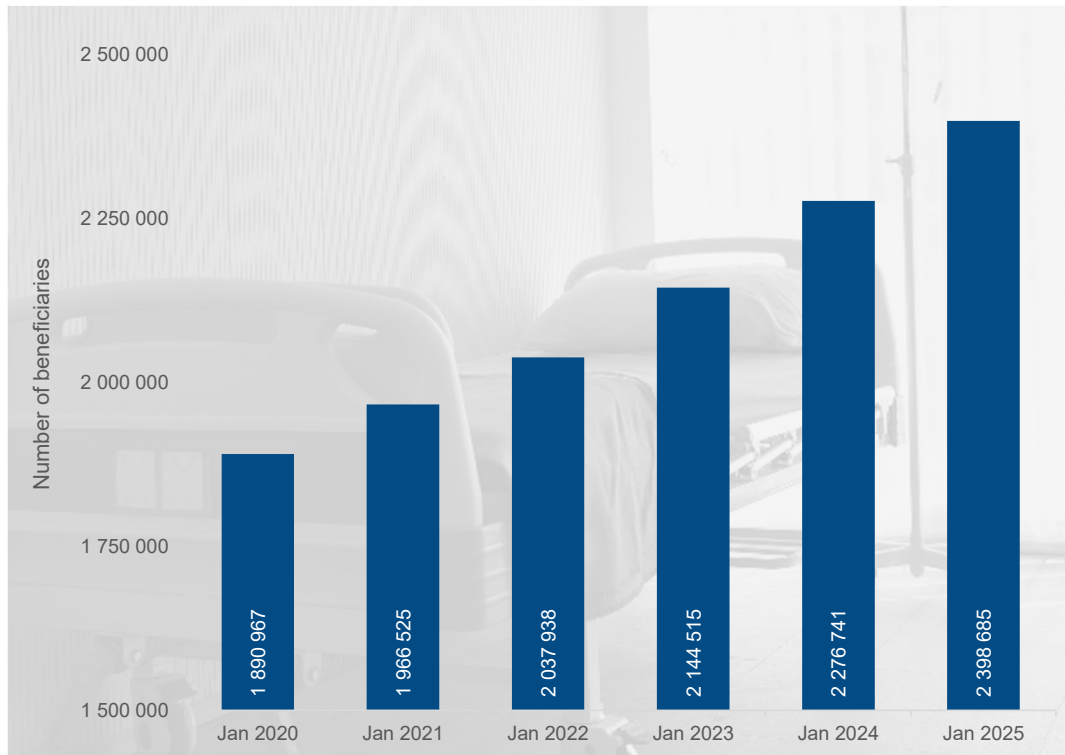
Covered beneficiaries as at
June 2025



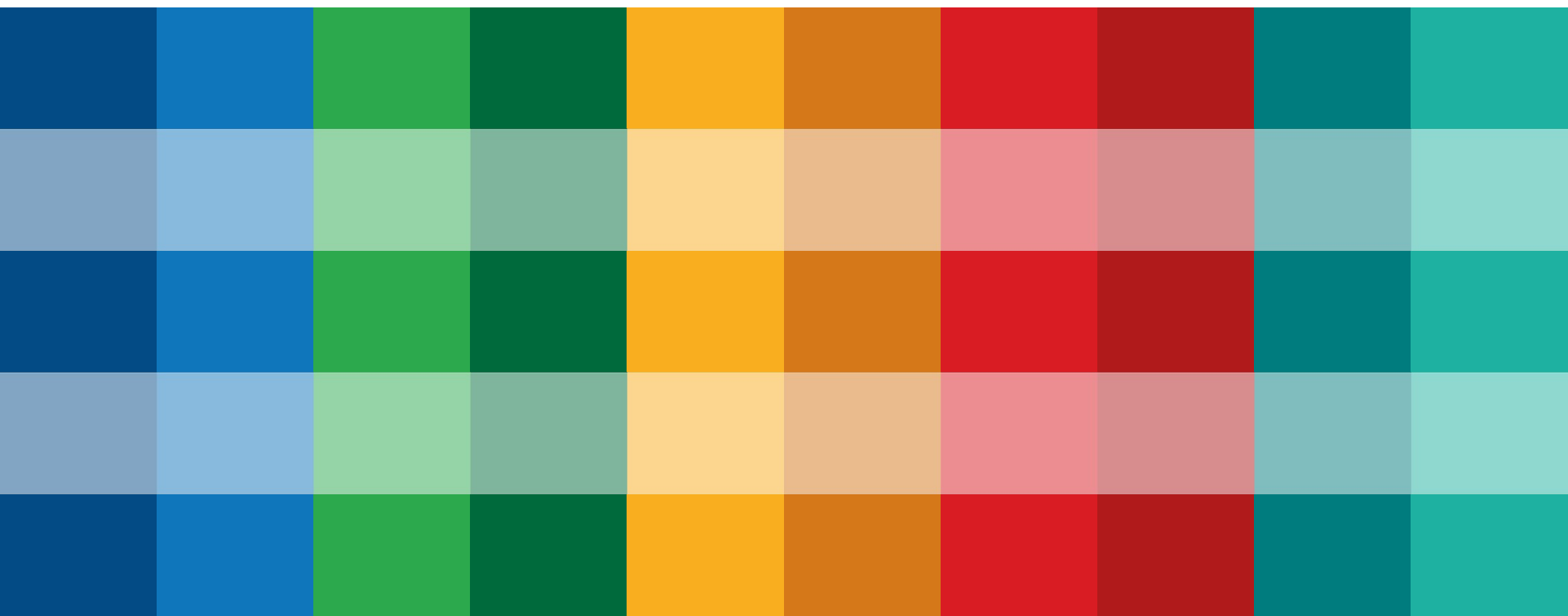
**893
thousand**

Covered members as at
June 2025

Extending access to healthcare coverage



- Despite challenging economic conditions, GEMS has achieved **rapid growth** by extending medical cover to previously uncovered lives
- Over **500 000 lives** have been added in the past 5 years, supported by sustainable funding
- The Scheme now facilitates around 120 000 hospital admissions & 2 million doctor consultations annually, highlighting its expanding role in delivering healthcare access at scale



Maternity Program



Introduction: What Is Reproductive Health



What is Reproductive Health?

A state of complete physical, mental, and social well-being in all matters relating to the reproductive system.

Involves safe, responsible, and informed decisions about family planning, pregnancy, and sexual health

Why It Matters for GEMS

Promotes healthier pregnancies and reduces maternal and infant risks.

Ensures early detection and prevention of conditions like cervical and breast cancer.

Supports informed choices through access to education, counselling, and preventative care benefits.



Clinical Impact in Maternal Care:

How Doctors Shape Outcomes for Mothers and Newborns?

YTD 2025: Programme Snapshot



Active beneficiaries (Sep 2025): 12,813

**New registrations (YTD):
17,806**

Discharges (YTD): 19,747

First-trimester registration is the engine of better outcomes; sustained early engagement drives screening and safer births.

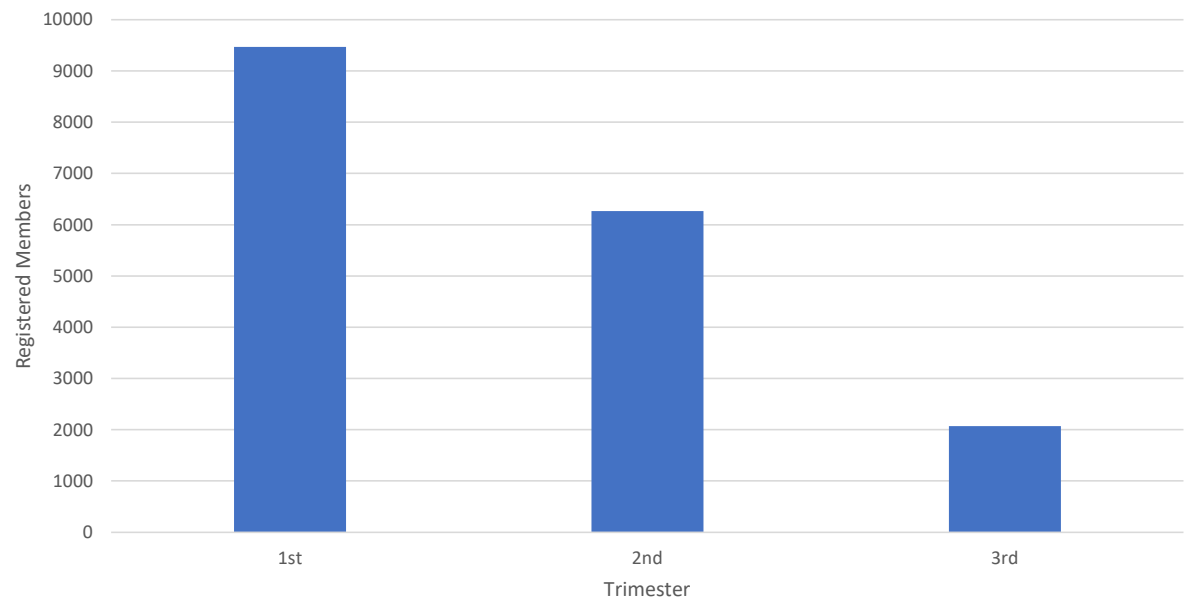
Early Registration drives Outcomes



Registrations by Trimester (YTD 2025)

Priority: Register <20 weeks to enable full BANC+ pathway, risk screening, and NVD planning.

Registrations by Trimester (YTD 2025)



Clinical Actions: Maternity Care



Implement an automatic <20-week early-booking trigger in clinical scripts

Integrate first-visit chronic disease and mental health screening.

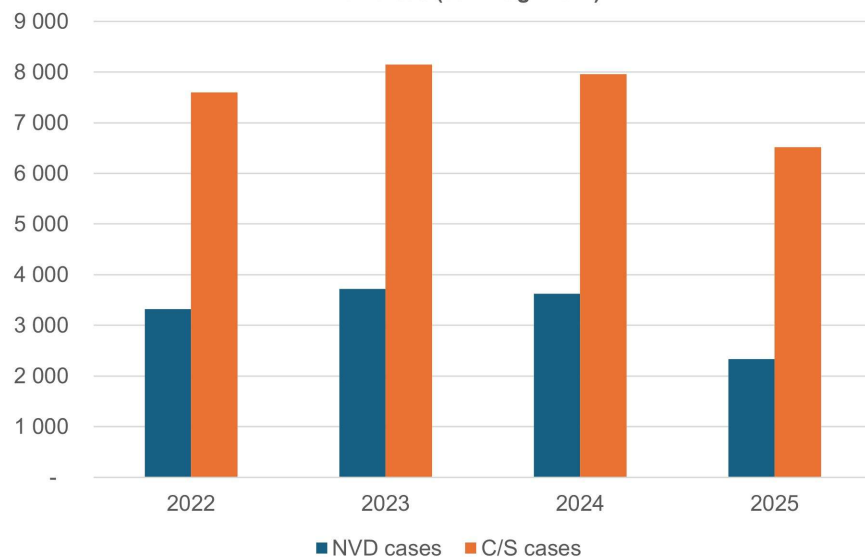
Document birthing plan early and counsel on postpartum contraception

Obstetric Trends

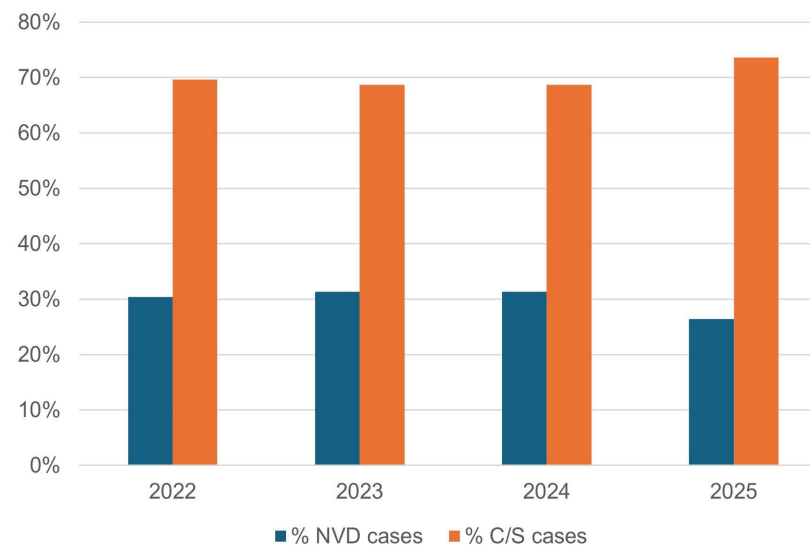
Admissions By Birth Mode



NVDs vs C/S (Jan-Aug Y-o-Y)



% NVD vs C/S (Jan-Aug Y-o-Y)

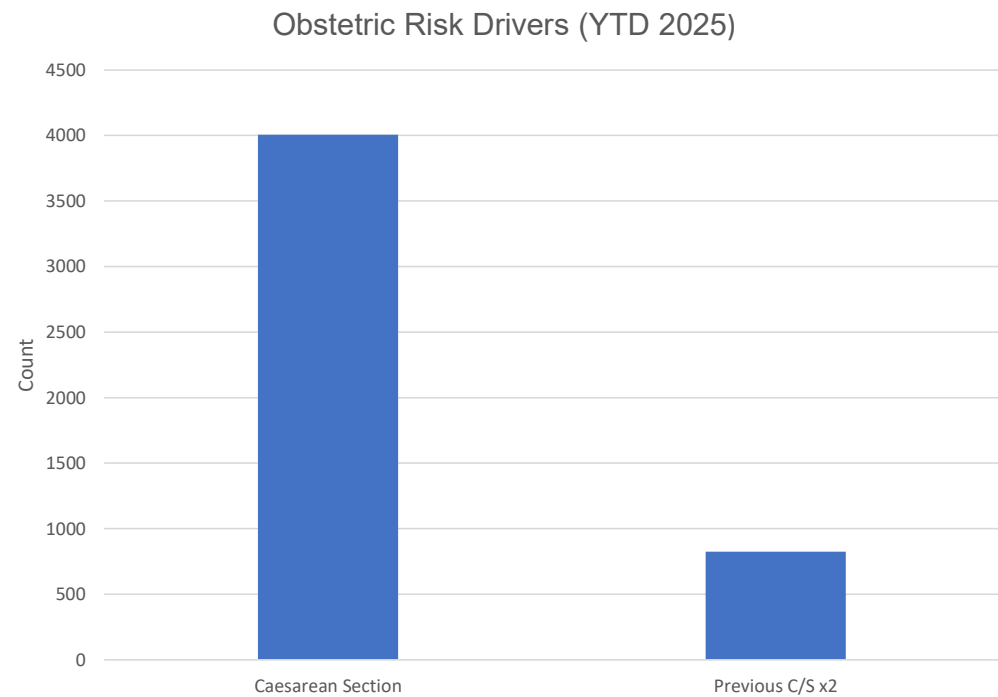


- C/S most used delivery mode over the years.
- C/S vs NVD ratio 74:26 in 2025 vs 69:29 IN 2024.
- Most C/S are non-elective

Obstetric Risk Drivers (YTD 2025)



- ✓ High prevalence of prior caesareans perpetuates repeat surgery risk.
- ✓ Actions: Identify VBAC candidates early; align with facility capability; senior review before elective repeat C-section.

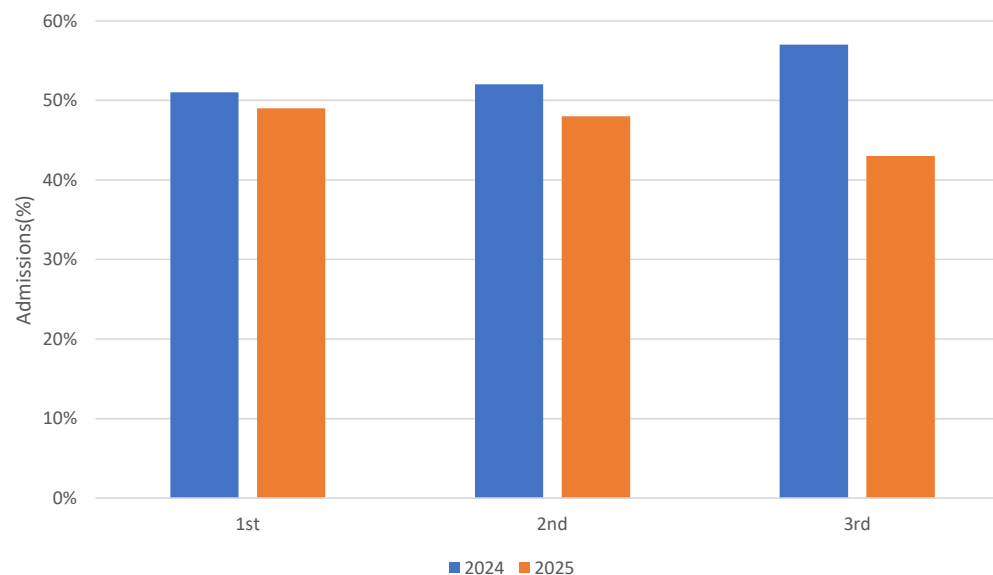


Neonatal Admissions Decline (2024→ 2025)



- ✓ Marked improvement in 3rd-trimester cohort (–14 percentage points).
- ✓ Interpretation: earlier interventions, better programme engagement, and/or data/reporting improvements.

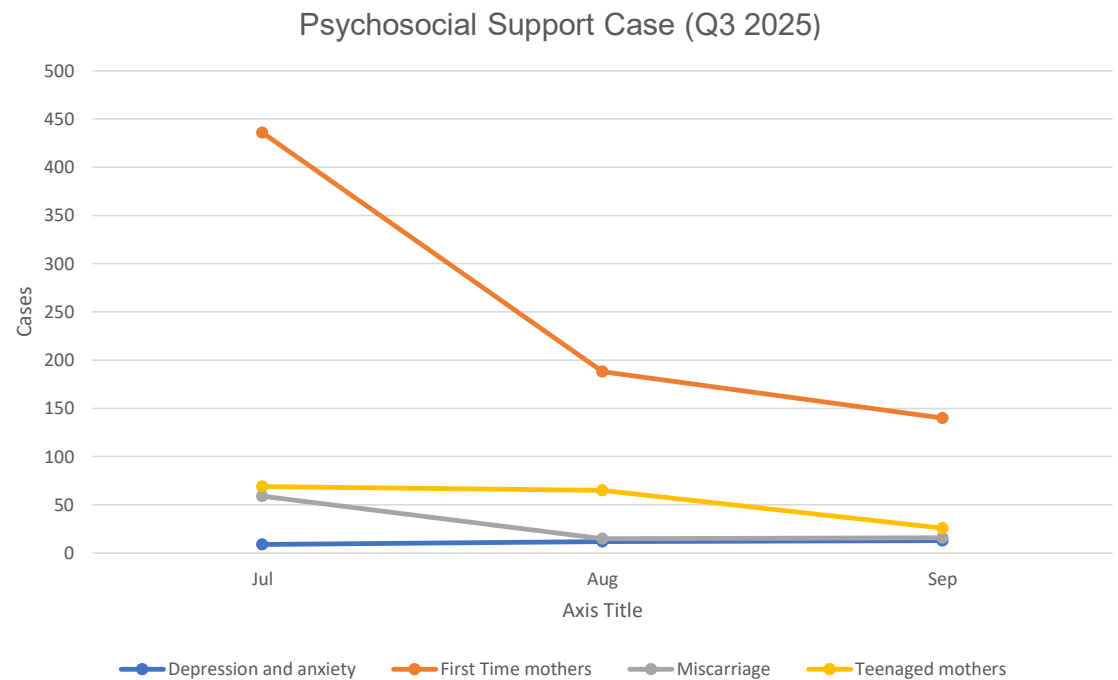
Neonate Admissions by Trimester: 2024 vs 2025



Psychosocial Support: Demand Signals in Q3 2025



- ✓ First-time mothers dominate support needs
- ✓ Depression/anxiety and miscarriage persist.
- ✓ Embed routine mental health screening and referral
- ✓ Normalise discussion of psychosocial stressors.





Conclusion



Clinicians Call-to-Action



Register	Register early: <20 weeks. Use prompts for adolescents; book same-week ANC.
Reduce	Reduce avoidable caesareans: early birthing plans, VBAC/TOLAC when safe, senior review of indications.
Integrate	Integrate psychosocial care: screen for depression/anxiety and safeguarding; fast-track counselling.
Close	Close the loop: use monthly feedback on conversions, late bookings, and neonatal admissions to micro-coach practice.
Partner on	Partner on pathways: align with youth-friendly clinics, CLO outreach, and High-Risk/HIV programme referrals

GEMS Value Based Care Program



GEMS has proven that **integrated care can work** through value-based care programs

Let us co-design value-based models for maternity, **embedding pregnancy in team-based approach**

Together we can diagnose pregnancy early, **reduce avoidable admissions**, reduce unnecessary caesarian sections, improve outcomes & sustain the Scheme

Key Takeaways



Help us to help you manage maternity members with chronic conditions better



Member awareness and education are key.



Early registration of members



Reduce Hospital admission/spend










Collaboration

Contact Details For GEMS Maternity Program









Get in touch


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DISCOVER THE
BRILLIANCE
OF **GEMS**

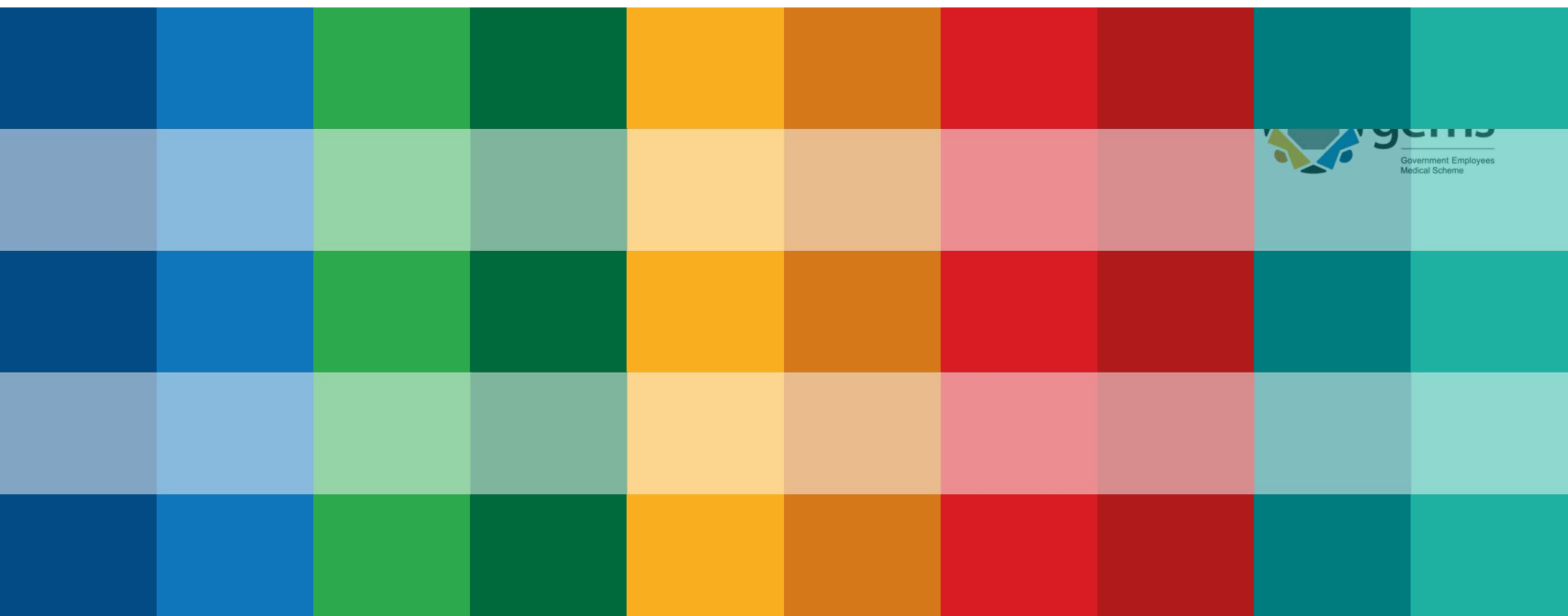
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Government Employees Medical Scheme



Open Door Policy





Thank you



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