



RHODES UNIVERSITY
Grahamstown • 6140 • South Africa

Pregnancy Protocol

Responsible Committee/Unit/Division/Faculty	Division of Student Affairs
Responsible Chairperson/Director/Manager	Director of Student Affairs
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RHODES UNIVERSITY

Where leaders learn

PREGNANCY PROTOCOL

DEFINITION OF TERMS

Aegrotat: An Aegrotat is a certification one obtains if one is unable to attend an examination because of genuine ill health, or for some other serious reason, such as the death of a member of your family. The Aegrotat then allows one to write another (equivalent) examination later (usually early the following year), known as an Aegrotat examination. Applications to sit such examinations must be made within one week of missing the examination on ROSS and must be supported by a doctor's certificate or other proof that the request is genuine.

Extended DP: Special permission from the Dean to register (often with conditions) for a course that was failed, without having to attend the lectures of the course, provided that the student participated in the course and earned a DP in the course the previous year. A DP can only be extended for one year.

Head of Department: Each department (e. g. statistics) has a head of department, an academic (usually a professor) who teaches and is also in charge of running the administrative aspects of the department.

HCC: The Rhodes University Health Care Centre

BACKGROUND

Pregnancy, while it is a totally normal human condition, can involve certain health risks, most particularly around the final few weeks prior to the birth of the child. The University will make every effort to support the pregnant student and ensure that the pregnancy does not disrupt her academic career. Although each case will be considered on its merits, the University cannot take any responsibility for any potential health risks associated with pregnancy, and cannot assume financial responsibility for special dietary requirements in residence, etc. For this reason, the following guidelines aim to provide relevant information in the event of a student being or becoming pregnant during their time at Rhodes University.

1. Management of the pregnancy

A pregnant student has the following choices:

- * allow the pregnancy to proceed to term and either keep the baby or have the child adopted
- * terminate the pregnancy before 12 weeks in Makhanda (Settlers Hospital)
- * terminate the pregnancy before 19 weeks in Gqeberha (Provincial Hospital)

Counselling and advice is available through the counselling centre (at the Steve Biko Building), the HCC or a private practitioner.

2. Confidentiality

While we respect a student's right to confidentiality, and the usual professional rules regarding this confidentiality will be respected, it is reasonable to expect a pregnant student to inform those parties who might be most immediately affected by their pregnancy. In particular, we strongly encourage the student to inform:

- the HCC, to obtain basic health advice;
- a medical practitioner, to obtain expert advice (a doctor's fee will be charged for this; if the student does not have medical aid, she may consult the state medical services at the local ante-natal clinic or the hospital);
- the House / Hall warden, if the student lives in residence, so that she is aware of the student's condition and can assist her to make the necessary arrangements for the final stages of the pregnancy, when she will have to move out of the residence;
- parents, where appropriate.

3. Financial aspects

- If a patient has medical aid / financial means, she may consult any private doctor of her choice.
- A student with no medical aid can make an appointment at the Sanatorium to see the University doctor at the normal reduced rate, who will then refer her to the Makhanda Clinic for ongoing treatment during the pregnancy
- If the student has no financial means for the termination of a pregnancy, she can be referred to a state hospital.

4. Students in residence

In the normal course of events, provided there are no medical complications, a student may remain in residence until the 36th week of pregnancy. The possibility of remaining in residence for longer would be subject to negotiation with and support of the wardens concerned. It needs to be kept in mind, however, that she may not be able to take an international flight after the 30th week, or an internal flight after the 34th week (airlines differ in this regard). During this period the student will be expected to take an extended LOA of no less than six weeks.

The student will need to arrange for alternative accommodation during the final weeks of pregnancy, since Wardens cannot accept any responsibility relating to the final few weeks of pregnancy, or the actual birth of the baby. While the student may return to residence after the birth of the baby, the child will not be permitted to live with her there, and she is responsible for making appropriate child-care arrangements. There will be no financial penalty to the student if she wishes to have her room kept vacant so that she may return to it after the birth of the baby.

It must be emphasised that it is unfair to expect close friends and fellow students to

support the student through the final stages of the pregnancy. They need to focus on their own academic studies.

5. Oppidan students

All the procedures outlined in paragraphs 1, 2, 5 and 6 apply equally to Oppidan students. They are also reminded that they can consult their local area sub-warden, and the Oppidan Hall warden, should they wish to.

6. Academic Departments:

The usual arrangements regarding leave of absence can be made, with medical certification. The student can apply for an extended DP if circumstances qualify her for this. If time of birth is close to or coincides with examinations, the student can obtain permission to write these in the sanatorium, or can apply to write an Aegrotat examination at a later date.

7. HIV/AIDS:

The sanatorium does not provide anti-retrovirals to deal with mother-to-child transmission (MTCT). If the student is HIV positive, she should make arrangements with her private doctor (if on medical aid) or the local clinic (if not on medical aid), who will in turn implement their protocol to deal with MTCT.

8. Fathers

The father of the child also has rights and responsibilities, and ideally (and normally) he should be involved in all the decisions made relating to the management of the pregnancy. A student father is entitled to 10 days paternity leave to enable him to attend the birth of the child. Counselling services are also available to him, should he wish to make use of them.