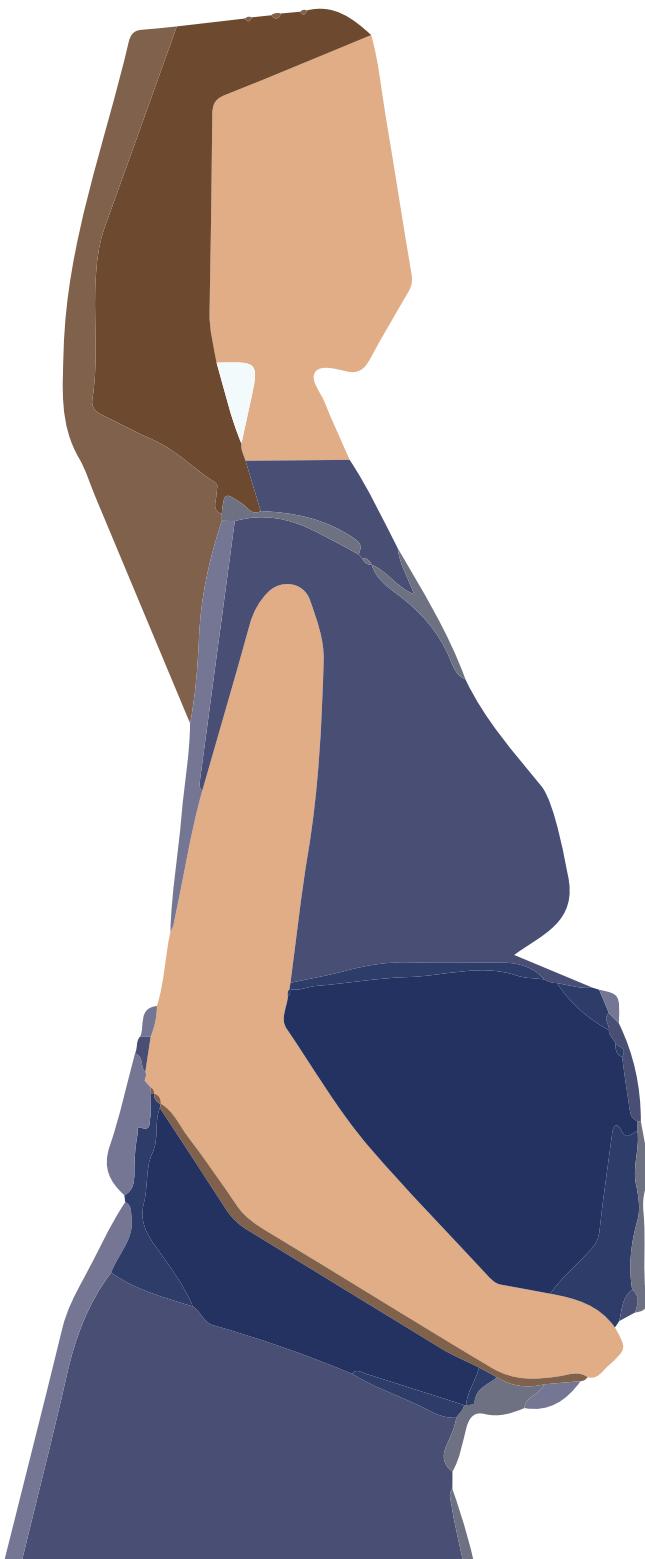


# I am a mom in Poland



Jestem  
mama  
wPolsce



# I am a mom in Poland

Information booklet for migrant  
expectant mothers in Poland



I am a mom in Poland. Information booklet for migrant expectant mothers in Poland.

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# Congratulations!

You are a mom and you are carrying your child under your heart.

For every mother, the birth of her child is a life-changing event – and going through pregnancy and childbirth in another country adds even more emotions on top of that. This brochure was prepared for moms who came to Poland from other countries and are now expecting a baby. We would like to make the wait more comfortable to you through reassurance and making you aware of what to expect from the Polish healthcare system.

In the brochure, we present basic information on pregnancy and birth, fetal development and mother's health throughout pregnancy – but also about the Polish healthcare system, focusing on pregnancy and baby care. We cover regulations relevant to pregnant women as well as women in the postnatal period, baby tests and vaccinations. We also mention possible emotional impact of being pregnant in a foreign country and suggest available coping strategies.

Pregnancy and birth are a very special time for women in all cultures. In each country, however, they are treated somewhat differently. We are mentioning this explicitly, not to force Polish-specific behaviors onto migrant moms, but to let them know how these subjects are perceived in Poland.

We wish you good health and joy throughout the pregnancy and after you give birth to your child.

**Polish Migration Forum Foundation  
Childbirth with Dignity Foundation**

## **Gratulujemy!**

Jesteś mamą i nosisz pod sercem dziecko.

Dla każdej mamy narodziny dziecka to wielkie wydarzenie – a przeżywanie ciąży i porodu w innym kraju przysparza jeszcze dodatkowych emocji.

Ta broszura jest przeznaczona dla mam, które przyjechały do Polski z innych krajów, a teraz oczekują narodzin swojego dziecka. Chcemy sprawić, że ten czas będzie dla Was bardziej komfortowy, że poczujecie się pewniej i będziecie wiedziały, czego oczekiwania od polskiego systemu ochrony zdrowia. Przedstawiamy w tej broszurce podstawowe informacje na temat ciąży i porodu, rozwoju dziecka i samopoczucia mamy w czasie ciąży – ale przekazujemy też informacje o tym, jak zorganizowany jest system opieki nad kobietą w ciąży oraz nad niemowlęciem w Polsce.

Piszemy o tym, jakie są przepisy dotyczące praw kobiet w ciąży i w czasie połogu, badań i szczeplień dziecka. Piszemy też o tym, że będąc w obcym kraju mama spodziewająca się dziecka może przezywać dodatkowe emocje. Podpowiadamy, jak sobie z nimi radzić.

Czas ciąży i porodu jest szczególny dla kobiety w każdej kulturze. W każdym kraju jest jednak traktowany trochę inaczej. Wspominamy również o tym – nie po to, aby migrantki - mamy upodobniły się do Polek – po prostu, aby wiedziały, jak w Polsce myślą się na te tematy.

Życzymy Wam serdecznie zdrowia i radości z ciąży i nowo narodzonego dziecka.

**Fundacja Polskie Forum Migracyjne  
Fundacja Rodzić po Ludzku**

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# Part I: Pregnancy

*How the baby grows, how the mother changes*

**Take care of yourself!**

*Your emotions during pregnancy*

*Communicating with the unborn baby*

*Work out, breathe and relax*

*Medical care in pregnancy*

*Childbirth classes – what are these?*

*Pregnancy symptoms you should not ignore*

*Schedule of medical checkups*

As you are reading this brochure, most probably you already know you are pregnant. If you came across this brochure by chance, it is worth to know that in Poland you can buy pregnancy tests from pharmacies, drugstores and supermarkets – and you don't need a prescription to get one. A home pregnancy test will not give you 100% confirmation of a pregnancy though – you should talk to a doctor or confirm the result by a laboratory test. Also, you should not test earlier than a day after the missed period. Symptoms consistent with early pregnancy include missed period, positive result of a home pregnancy test and swollen breasts.

***How the baby grows, how the mother changes***

Pregnancy month	Fetal development	How you may feel during pregnancy. Typical complaints you may have.
1	<p>Conception occurs when an ovum is penetrated by a sperm. The resulting embryo attaches to the inside of the uterus – it will spend the whole pregnancy there. It starts growing rapidly – the cells divide and the organs begin to form. At four weeks, the fetus is about 0.5cm long.</p>	<ul style="list-style-type: none"><li>• you may feel nauseated and sick, particularly in the morning</li><li>• you may experience mood swings</li><li>• your breast will grow and become more sensitive to touch</li></ul> <p>All these symptoms are a result of rapid hormonal changes occurring to your body.</p>

**2**

During the second month of pregnancy, the baby face starts to take shape. Vital organs and body parts such as heart, lungs, hands, feet and gonads emerge. Near the end of the second month, the baby is 3.5cm long. This is also when the eyeballs, eye lids and ear lobes take shape.

- you can experience increased fatigue
- you can be more sleepy during the day
- you will urinate more frequently
- you may still feel nauseated and sick
- you may have food cravings and may desire certain flavors (frequently acidic)

**3**

Near the end of the third month, the baby will have all organs present – now she will only have to mature and grow. She starts to look similar to an adult, even though the proportions are way off – the head is half of the total length. Fingernails and toenails start forming; kidneys and brain develop fast. Although the mother cannot yet feel it, the baby starts wiggling its arms and legs. She is also able to feel her mother's moods now and measures about 7cm.

- you may be constipated
- you will urinate more frequently
- you will start putting on weight (1-2kg)
- your body temperature may be higher
- you will experience oversensitivity to smells (some will bother you a lot)
- you may have headaches and dizziness

**4**

Near the end of the fourth month the baby will measure about 20cm and weight almost 200g. The skeletal system matures, the sex organs develop, and so do the tiny fingerprints, hair, eyebrows and eyelashes. The mother may start being able to discern fetal movement. The baby starts to see and hear – she will hear her mother's heartbeat. The umbilical cord thickens to deliver nutrients to the growing child.

In the second trimester of pregnancy (months 4-6) most women feel good, sometimes even better than pre-pregnancy; they blossom and are full of energy.

- your belly will become visible
- you will start feeling fetal movement
- your cardiovascular system will adapt to the new situation: the heart will pump more blood, the pulse may increase
- you may have heartburn due to pressure the growing uterus exerts on the gastrointestinal tract
- you may develop varicose veins in your legs due to uterine pressure on certain veins
- you may have eye floaters
- you may get dizzy if you change your position rapidly

**5**

At this point it is usually possible to determine the child's sex through a sonogram. The baby grows constantly – in the fifth monthshe is about 30cm in lenght and weights about 0.5kg. Her hearing improves, too (like when the parents talk to the belly), she is also able to feel temperature changes.

- you may have mild abdominal pain due to circular ligaments expanding
- you will breathe deeper and more frequently
- you may have problems focusing
- you may suffer from nosebleeds
- skin discolorations may emerge or your moles may turn darker

**6**

Fetal skeletal and nervous system develop together with internal organs. For the first time, the baby opens her eyes – until this moment they remained closed. She is also able to cry and suck her thumb. It weighs about 700g and is about 35cm long.

- you may suffer from lower leg cramps, tingling in your arms and legs
- mood swings may appear again
- in some women stretch marks will appear on the belly and/or thighs (this can be alleviated by moisturizing the skin with creams or oils)
- you may have joint pains as a result of bigger load your spine has to deal with

**7**

The child is now able to remember what her experiences – after the birth she will react to sounds it learnt while still in the womb. The face and body plump up. The baby wiggles and kicks a lot. It weight over 1kg and is about 40cm long.

- you may still suffer from lower leg cramps, tingling in your arms and legs
- you will feel more and more tired and clumsy
- you may suffer from insomnia
- you may be bloated
- you may have dental issues (caries and sore gums)
- if you go to long without rest, your ankles will swell (to reduce the swelling make sure to rest during the day and to wear comfortable shoes)

**8**

Near the end of eighth month, the baby is about 45cm long and it weighs 2.5kg. No longer does it kick so much, as there is no more space left for vigorous movement; usually, the positioning becomes fixed, too (head down).

- your breasts may start to leak (colostrum appears)
- all activities will get tougher
- the uterus starts pressing on the diaphragm causing shortness of breath
- you will feel sporadic tightening of your belly, these are so-called Braxton Hicks contractions

**9**

The baby gets ready to be born – most development at this stage is related to the respiratory and cardiovascular systems.

- your uterus may slowly drop, resulting in easier breathing and more frequent need to urinate
- you may feel anxious about the impeding birth

# Take care of yourself!

## Your diet

Pregnancy is a time when the mother needs to provide nutrition both to herself and her baby. This is why she needs food that will facilitate fetal development and be healthy to the expecting mother. The calorie demand is roughly 300 kcal higher than pre-pregnancy. The optimum level of weight gain is around 12 kg – more if the mother was underweight before she got pregnant and less if she was overweight.

Eat:	Definitely avoid:	It is worth to reduce the consumption of:
<ul style="list-style-type: none"><li>- lots of fruits and vegetables</li><li>- yoghurt and dairy</li><li>- vegetable oils instead of animal fats</li><li>- more poultry and marine fish (herring, mackerel, salmon), lean meats</li><li>- pulses</li><li>- dark bread (reduce the quantity of white bread products consumed), whole grain products such as cereal or rice</li><li>- still mineral water, weak tea and fruit juice (preferably unsweetened): drink 1.5 to 2 liters of fluids a day</li></ul>	<ul style="list-style-type: none"><li>- alcohol</li><li>- strong tea and coffee, coke and other beverages with high caffeine content. Caffeine is bad for fetal development and it also weakens your pregnant body</li><li>- inhaling second-hand smoke</li><li>- overeating</li><li>- heavy, fatty and spicy foods</li><li>- dieting to lose weight</li></ul>	<ul style="list-style-type: none"><li>- white bread products</li><li>- red meats</li><li>- sweets</li><li>- sodas and sweetened beverages</li><li>- salt and sugar</li></ul>

### Important:

You should take a folic acid supplement when trying to conceive and throughout the first trimester of your pregnancy. These are available in pharmacies as tablets (the recommended dosage is 1 0.4mg tablet per day). Folic acid supplementation reduces the risk of congenital nervous system defects in the child. Natural sources of folic acid include oranges, lettuce, broccoli, cabbage and brussels sprouts. Pregnant women and babies need calcium, too. This element can be found in green leafy vegetables such as broccoli, green peas, cabbage, parsley as well as legumes. Milk products are another important source of calcium. The daily recommended dose of calcium can be also found in 10 dried figs or 100 grams of fish such as mackerel or salmon.

Expectant mother should divide her daily food intake into smaller portions and eat them more frequently – this helps reduce heartburn that is a common pregnancy related ailment.

### Very important!

**Do not drink alcohol during pregnancy. There are many opinions or superstitions as to this in different countries; in Poland, too, many people think a glass of wine cannot be harmful to the growing fetus – but that is simply not true. A pregnant women drinking alcohol serves it to her baby. Alcohol hinders fetal brain development and can be a cause of serious illness.**

Do not take any drugs, vitamins or herbs without speaking to your doctor or midwife first when you are pregnant. This is true even for drugs you may have taken for many years already. Even something as simple as aspirin may be harmful to your child. Be careful with vitamin supplements, too – excessive vitamin consumption, and in particular vitamin A overdose, may result in congenital defects.

## Physical activity

It is important to stay fit while pregnant. Exercise strengthens both the cardiovascular and the respiratory system, help maintain healthy body mass and have positive impact on blood pressure and overall wellbeing. However, strenuous exercise or intensive training is not recommended, in particular if you are not used to such level of activity. The best kinds of exercise for pregnant women include walking outside, swimming and yoga.

# Your emotions during pregnancy

While pregnant, your emotions and feelings can vary a lot, with possible positive and/or negative emotional surges. You may also become more irritable and find it difficult to concentrate on your regular tasks at hand.



**It is important to remember, though, that your wellbeing can influence the baby.**

When you are calm, happy and relaxed, your body excretes happy hormones, serotonin and endorphins. They are substances that stabilize breathing rhythm and pulse, foster satisfaction and optimism and reduce the perception of pain. When you are angry, stressed out or mad, on the other hand, the body generates cortisol and adrenalin. These two substances encourage the organism to fight or flight, but in the long run make it more susceptible to adverse influences if the stress continues for too long.

All the hormones mentioned above cross the placental barrier and influence your child's functioning and growth. This means that whenever you are happy, serotonin makes the baby happy as well. At the same time it also gets stronger and more resistant to infection, as the hormones reinforce the immune system. Unfortunately, though, the opposite is also true. When you are stressed out, cortisol and adrenalin influence your baby, not only by making it afraid and anxious, but also by lowering its immunity.

**Every day take care of your wellbeing: seek positive stimuli, meet people who make you feel good, listen to music inspiring positive emotions , visit places related to uplifting memories, read your favorite books, avoid stressful situations and unpleasant people.**

## Communicating with the unborn baby

Research has shown that the prenatal period is not only significant because of all the bodily growth occurring then and targeting systems and organs, but also because of sensory and mental development.

Parents can stimulate the baby in various ways, for example:

- by teaching the baby to respond to sounds, discern songs, fairy tales, nursery rhymes;
- by teaching the baby to discern the most frequently repeated words (the baby is able to discern about 26 words);
- by rocking and touching (massage with fingertips, dad's hand on the belly etc.);
- by playing with light;

What reactions you may be able to see:

- movement (the baby may turn away, pretend "it is not home", kick, flip or wiggle)
- heart rate changes, possibly by as much as 50bpm

Researchers have confirmed that infants whose mothers played with them in utero had better rapport with their moms, enjoyed faster and better development, were more coordinated and had fewer problems breastfeeding.

## Work out, breathe and relax

Even if you spend as little as fifteen minutes every day exercising – you will reach your goal. Your body will be well prepared for childbirth and you will attain harmony and balance. Practice breathing in an upright position as well as sitting (with your legs crossed), hip circles, forward bends – you can find lots of exercises for pregnant women online. Walk outside, breathe fresh air, find relaxing time for yourself and rest.

# **Medical care in pregnancy**

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Pregnancy and childbirth are on one hand totally normal in a woman's life, but at the same time – these are very special processes. It is worth to check if everything is going fine from the very start. Make an appointment with a doctor or a midwife if you suspect you may be pregnant – preferably before you are 10 weeks along. This will make it easier to detect many potential issues your child may have – some may even be treated before birth. Your health is very important too – both for fetal development and for your own wellbeing.

For a few years now Poland has official Perinatal Care Standard defined by means of an Ordinance by the Minister of Health of 20 September 2012 (Journal of Laws 2013 no. 0 item 1100). It defines procedures for medical care with regards to women and their children over the course of uncomplicated pregnancy, childbirth and the neonatal period. The regulations came into life on October 4, 2012 and provide very clear outline of medical care in healthy pregnancy, physiological childbirth and the postnatal period.

During the initial appointment, the midwife or doctor will ask you about your general health and calculate an estimated due date. They will perform a general assessment, take your temperature, blood pressure, check the heart rate and your weight. A basic pelvic exam is also included, and you will be referred to a laboratory to have urine and blood samples analyzed. Your attending doctor or midwife should also discuss your diet and lifestyle and their impact on pregnancy and encourage you to participate in childbirth classes.

Even in an uneventful pregnancy you should have regular medical appointments. Usually for the first seven months these happen once a month. Each doctor's (or midwife's) visit will include a general assessment, and once the child gets bigger, both external and internal exams will be performed to check fetal positioning and condition of the cervix. Later in pregnancy, you will also be able to hear the fetal heartbeat using a Doppler monitor. In the final two months of pregnancy, appointments are usually scheduled every two weeks. All the visits and tests covered by the health insurance.

**In Poland, pregnant women have their medical appointments with gynecologists at clinics or hospitals. Both men and women work as doctors there, and patients can choose which doctor to see for their pregnancy care, and whether that doctor should be a woman or a man. If you find it important to have a female doctor, for religious, cultural or any other kind of reasons, mention it when making your appointment.**

## **Childbirth classes – what are these?**

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Hospitals, clinics and NGOs (such as the Birth with Dignity Foundation) organize childbirth classes for expectant parents. These are aimed at preparing parents-to-be for childbirth and life with a newborn. Typically both parents participate in such courses, but future moms may also choose to attend with other supportive women. Childbirth classes help women to believe in their strength, alleviate fears related to birth and foster bonding with their children. The accompanying persons get a chance to understand the behavior and needs of a woman in labor and ways to help her get through the birth.

During the classes, the participants will learn about fetal development, exercise to prepare for birth, learn breathing techniques as well as tricks to alleviate pain during labor and various birth positions. Sometimes they will also have an opportunity to visit L&D room at a hospital they want to birth in. Women desiring non-hospital birth settings (such as birthing at home or at a birth center) will learn how to prepare for the event, too. Most childbirth classes also provide information about newborn care and educate expecting parents on breastfeeding, providing opportunities to discuss the topic with midwives, doctors and psychologists.

Often you have to pay to participate in childbirth classes. Occasionally, free of charge courses are also available (sponsored by municipalities for expectant parents who have permanent residence, job or school there). If you want to participate in childbirth classes, ask your midwife or doctor for recommendation or enquire at your health center.

# Pregnancy symptoms you should not ignore

Seek immediate medical attention if:

- your eyesight is blurry or clouded or you have other eyesight disturbances
- you observe a sudden significant increase in weight
- you had an episode of fainting
- you feel strong pain in your sacral region
- you have vaginal, rectal or nipple bleeding
- you feel sharp or persistent lower abdominal pain
- you suffer from persistent uncontrollable vomiting that makes it impossible for you to eat normally and that continue for the whole day rather than occur in the mornings only
- you have irregular vaginal discharge or itching
- you suffer from insomnia
- you feel stronger uterine cramps
- you feel rapid or weakened fetal movement (from 30 weeks on you should be able to discern about 10 movements per hour except for periods of fetal sleep that can take from 15 to 45 minutes at a time)
- you have chills or high fever
- your skin itches you fell down or otherwise suffered trauma
- you have sharp or frequent headaches
- you are feeling overly anxious
- your face or extremities swell and the swelling does not recede after a night's sleep
- you have significant and persistent leg swelling

You can also mention other symptoms that worry you or make your everyday life difficult. You do not need to wait until the next visit. Call the doctor as soon as any of the symptoms above presents.

**Go to the hospital immediately if:**

- you have profuse vaginal bleeding
- you haven't felt fetal movement for the past 4 hours

## Schedule of medical checkups, prophylactic services and diagnostic tests in physiological pregnancy according to perinatal medical care standard

The list of recommended prophylactic services, diagnostic tests and medical consults performed in physiological pregnancy is determined by an ordinance of the Minister of Health of 20 September 2012 on medical standards when granting medical services in the perinatal period in the course of care for a patient in the period of physiological pregnancy, physiological labor and delivery and newborn care (the so-called Perinatal Care Standards) (Journal of Laws item 1100).

**Below we include brief description of pregnancy care you should receive.**

### **Until 10 weeks of pregnancy:**

Visit with a doctor or a midwife – during this consult you should be informed about the availability of genetic defect screening apart from regular medical history interview and pelvic exam. If a midwife is your care provider, you should also have a gynecologist consult at this stage.

### **You should be referred for the following tests:**

blood type and Rh factor, immunological antibodies, full blood count, urinanalysis, pap smear, vaginal cultures, fasting blood glucose level, VDRL, HIV and HCV status, toxoplasmosis and rubella screening (IgG, IgM), dental checkup

### **11-14 weeks of pregnancy**

Checkup with a doctor or a midwife.

### **You should be referred for the following tests:**

sonogram, urinanalysis, pap smear, if it was not performed earlier in the pregnancy

### **15-20 weeks of pregnancy**

Checkup with a doctor or a midwife.

### **You should be referred for the following tests:**

full blood count, urinanalysis, vaginal cultures, pap smear, if it was not performed earlier in the pregnancy

### **21-26 weeks of pregnancy**

Checkup with a doctor or a midwife. Your provider should refer you to the community midwife and for a childbirth class.

### **You should be referred for the following tests:**

OGGT (oral glucose tolerance test, checks blood glucose levels twice – fasting and 2 hours after drinking a glucose solution), sonogram, urinanalysis, anti-Rh antibodies with Rh-negative patients, toxoplasmosis screening for patients with negative first trimester screening results, pap smear, if it was not performed earlier in the pregnancy

### **27-32 weeks of pregnancy**

Checkup with a doctor or a midwife.

### **You should be referred for the following tests:**

full blood count, urinanalysis, immunological antibodies, sonogram, if indications are present – you should get anti-D globulin (between 28 and 30 weeks), pap smear, if it was not performed earlier in the pregnancy

### **33-37 weeks of pregnancy**

Checkup with a doctor or a midwife; if a midwife is your care provider, you should also have a gynecologist consult at this stage.

### **You should be referred for the following tests:**

full blood count, urinanalysis, vaginal cultures, HBs antigen, HIV status, vaginal opening and rectal cultures to detect colonization by B-hemolytic streptococci, VDRL and HCV for patients with increased population based or individual risk levels, pap smear, if it was not performed earlier in the pregnancy

### **38-39 weeks of pregnancy**

Checkup with a doctor or a midwife; if a midwife is your care provider, you should also have a gynecologist consult at this stage.

### **You should be referred for the following tests:** urinanalysis, full blood count

**After week 40**, you should visit the doctor or midwife every 2-3 days for a CTG scan and once for a sonogram.

**After full 41 weeks**, you will be sent to a hospital.



# Part II:

# Birth preparation

***Choosing a midwife, a doctor, a hospital***

***Hospital birth and homebirth***

***Birth plan***

***What to pack***

## ***Choosing a midwife, a doctor, a hospital***

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In Poland, women usually choose ob-gyns as their pregnancy care providers, although midwives can also provide independent pregnancy care. At a hospital, a midwife is the primary care provider for physiological birth, and as such she will provide your care for most of the time. When the birth is imminent, an ob-gyn may enter the delivery room. A neonatologist will perform a thorough neonatal assessment within 12 hours from the birth. Typically, though, the doctor who provided pregnancy care is not in the delivery room for the actual birth.

You are not assigned to any specific care provider by your address or in any other way – this means you do not have to visit the doctor available through your nearest clinic.

You can also switch providers if you are not satisfied with the services received.

### **Waiting times**

If doctor's gender is important to you, mention it while scheduling your appointment. In Poland one often has to wait quite long for a specialist appointment or tests, so it is better to start with scheduling care with a suitable provider than cancel a visit in the last minute, as then another wait may be necessary before appointment with another doctor is available.

**Most ob-gyns in Poland are male. If your clinic only has male doctors, look for a different location where you can have your appointments with a female doctor (your health center or a social services center may help you find one). In some regions of Poland, though, finding a female doctor might be difficult.**

Check how long you would have to wait for a sonogram at your health center. Sometimes at busy locations it is good to schedule all the sonograms at the beginning of pregnancy, so that correct timing will be possible.

# **Hospital birth and homebirth**

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In Poland both hospital birth and homebirth are valid options. Most women deliver in hospitals; a hospital birth may also be medically necessary, e.g. in high risk pregnancy. Homebirth is not covered by the state insurance, which means you would have to pay midwife to attend one.

## **Choosing a hospital**

A pregnant woman is able to choose the hospital where she wants to deliver her baby. Hospitals can differ a lot – in terms of labor and delivery organization, as well as midwife/doctor responsibility split, number of delivery rooms and available facilities. A foreign patient may be interested in whether doctors and midwives speak foreign languages – so it is worth to enquire about that beforehand.

Hospital referral levels are another factor that needs to be taken into account. These describe unit specialization level – I level is where women with uncomplicated pregnancies deliver full term babies; II level hospitals should be prepared to deal with high risk pregnancies and provide intensive care settings for premature babies and newborns; III level is suitable for women with very high risk pregnancies, can take care for babies born prior to 31 weeks of pregnancy, with congenital defects etc. With an uncomplicated pregnancy and no contraindications to spontaneous vaginal delivery one should not choose a clinical hospital. These are teaching hospitals and usually focus on high risk pregnancies. Students (both genders) can participate in examinations and birth in this type of hospitals.

If you have pregnancy complications or are a high risk case, your doctor will indicate a hospital prepared to take best care of you and your baby. You can arrange an appointment in most hospitals, during which you will be able to visit the admission room as well as delivery room and talk to a doctor or a midwife. Getting to know the hospital in advance is a good idea. In big cities occasionally certain labor and delivery units will be full. In such a case a woman may be transferred to a different hospital or even to another city. These situations happen to all patients alike, regardless of nationality.

## **Homebirth**

More and more women in Poland opt for a homebirth. It has many positive aspects – calm and peaceful atmosphere, intimacy, minimized disturbances to the natural course of things. Homebirth must be attended by a qualified midwife.

If you are considering a homebirth, it is worth to know that: homebirths are legal in Poland – the Ordinance of the Minister of Health of 20 September 2012 (the Perinatal Care Standards) states a woman is free to choose a delivery location including her home; research has shown that a homebirth can be as safe as a hospital birth, provided that certain conditions are met: the mother must be healthy, the birth must be attended by an experienced midwife and emergency transportation to the hospital must be available (though no ambulance has to be parked outside – a private car is enough).

Unfortunately, not many Polish midwives attend homebirths. If you decide this is the choice for you, start looking for a midwife near the end of the first trimester – you will need to get to know one another quite well before the birth. You can obtain a list of homebirth midwives from the Childbirth with Dignity Foundation or at [www.dobrzedurodzeni.pl](http://www.dobrzedurodzeni.pl)

# **Birth plan**

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A Birth Plan is a document that lists the woman's expectations regarding labor and delivery. In line with the Perinatal Care Standards, you should prepare a birth plan together with your midwife or doctor.

Your birthplan should describe your expectations as to:

- labor and delivery location and conditions
- presence of an accompanying person
- consent to various medical procedures or lack thereof
- cultural and religious restrictions you want to be compliant with during birth

The birth plan specifies in detail how you would like your labor and delivery to unfold. This includes all labor and delivery stages and things like whether you want to be active and be able to walk, what pain alleviating techniques you prefer to use, do you want to avoid episiotomy/perineal tearing etc. You can also express your need for unhindered contact with your baby for the first two hours after the birth in your plan, as long as the medical situation will allow for that.

Initially, answering all these questions and putting the information together may seem difficult, but a discussion with a midwife or a doctor will help you determine what you consider as important. You can also use the Birth Plan Creator available through the Childbirth with Dignity Foundation website: <http://www.rodzicpoludzku.pl/Plan-Porodu>

The medical staff should consult your Birth Plan as you are admitted to labor and delivery ward. Remember, though, that childbirth is not a fully predictable process so it is quite likely that some of your plans may not materialize. If medical care you are receiving should deviate from our Birth Plan because of medical or organizational reasons, you should receive detailed explanation though.

## **What to pack**

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Prepare a hospital bag with all the necessary things a few weeks before your due date. In Poland, a woman is expected to arrive at hospital with clothes for herself and the baby as well as cosmetic and hygienic products and everything the newborn may need.

### **For the mother:**

Paperwork: a Polish ID (residence card) or a passport, pregnancy card, all pregnancy diagnostic test results, a document to confirm medical insurance.

Clothes: underwear (preferably disposable pants and lactation bras), 2-3 long loose fitting T-shirts, slippers, flip-flops to use in the shower, bathrobe, buttoned nightgowns, warm socks, clothes to leave hospital in.

Cosmetic and hygienic products: cosmetics, non perfumed soap, 2-3 towels, paper towels, tissues, maternity pads (extra-large sanitary towels), nursing pads.

Food and water: still water, juice, tea, decaffeinated coffee, some nice snacks (chocolate, favorite cookies etc.), fresh or preserved fruit (apples, dried plums).

Other things: a telephone card or a mobile phone with charger, change, medication you are on, something to read, perhaps a camera.

### **For the baby:**

Smallest size of disposable diapers, 4-6 muslin squares,

3 cotton shirts, 2 thin cotton caps, 1 warmer cap, 3 sleepsuits (best if they enable easy diaper access), socks and mittens,

baby protective cream, e.g. Alantan, bath product, Octenisept, bathtowel, delicate natural hairbrush, blanket or sleeping bag. Nail scissors will also be useful.

If someone is driving you and the baby home from the hospital, they need to have an appropriate carseat for the baby.

**Knowledge of foreign languages by medical staff varies from hospital to hospital. Take this into consideration when choosing a place to deliver in. You can also utilize assistance provided by NGOs. For example, Stowarzyszenie Interwencji Prawnej (Association for Legal Intervention, [www.interwencjaprawna.pl](http://www.interwencjaprawna.pl)) assists foreigners in communicating with doctors by providing volunteer interpreters for medical appointments. Most probably expecting interpreter's presence for whole labor and delivery is not realistic, but you can schedule one for a pre-birth appointment with a doctor or a midwife.**

### **When you are past the due date**

The fact that the estimated due date your doctor had calculated passed does not mean your baby is ready to be born. There is no method to determine the actual birth date. Depending on the method used, the estimate may be more or less precise. The best estimates are obtained through sonogram measurements taken in the first trimester – the accuracy then is +/- 7 days.

If a sonogram is performed between weeks 14 and 20, the accuracy is 10 days; for a sonogram performed between 21 and 30 weeks – 14 days, and for a sonogram performed between 31 and 42 weeks – it is as high as 21 days. Still the largest error is related to due date estimation based on the last menstrual period date.

Many women in Poland undergo pharmacological birth induction, even though just a small fraction really need it for medical reasons. Pharmacological induction is often the beginning of the so-called “cascade of interventions”, meaning that the consequences of one intervention are “treated” by another intervention, which in turn can obstruct the physiological birth mechanism, causing multiple problems. This is why natural induction methods should be taken into account before deciding to have a pharmacological induction.

You can start using these methods if you are 40 weeks pregnant or more. They will work if your body is on the brink of starting the birthing process, though they will obviously not be efficient each and every time.

Non-pharmacological induction methods are not linked with premature birth risk. If you are far from your due date – these will simply not work at all.

### **What can you try:**

- Walking – swinging your hips coupled with gravity helps the baby to descend into the birth canal, while physical activity in general can bring on contractions. If you like to dance – you can also dance with your partner or solo. Music will relax you even more.
- Stairs (walking up and down). This is similar to walking.
- Shiatsu – acupressure point massage. One of the relevant points is four finger widths above your inner ankles. Massage both of these points for 30 – 60 seconds with a break of 1 – 2 minutes.
- Intercourse with your partner can help bring on labor. Positive emotions facilitate oxytocin release, which in turn brings contractions on.

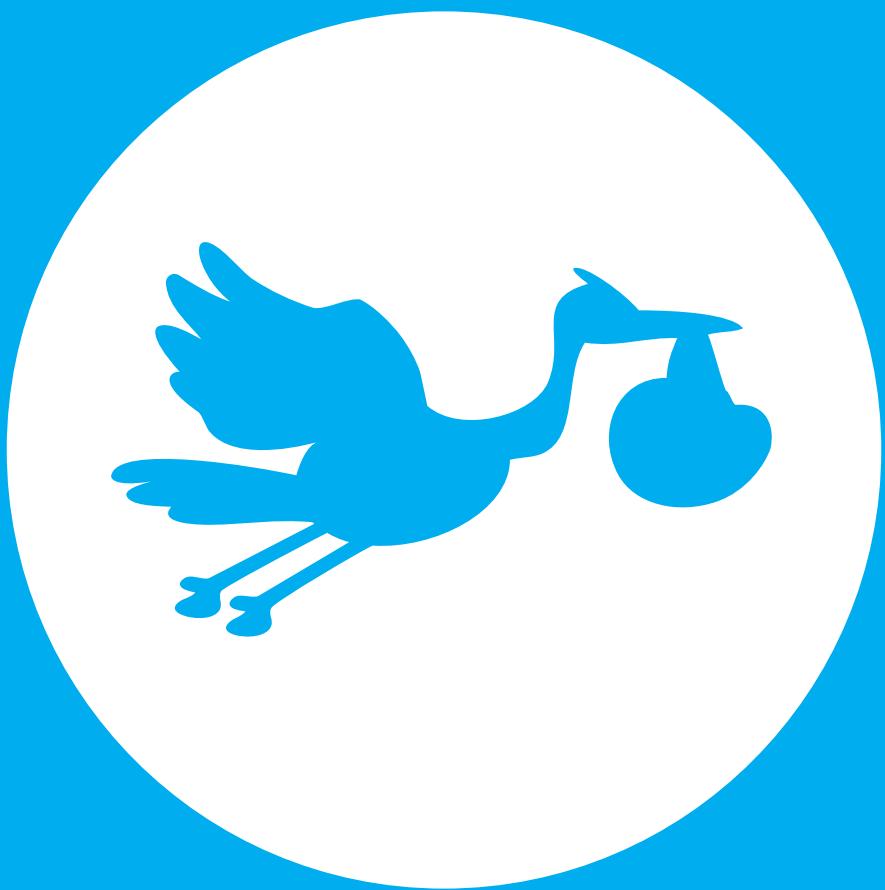
You can help prepare the uterine muscle in advance, too. Some herbs help tone it, fostering more productive contractions during labor. Midwives often recommend raspberry leaves for that. These are also efficient after the birth, by ensuring that uterus shrinks smoothly and reducing bleeding.

Start drinking raspberry leaf tea about 4 weeks before your due date. Put 3 – 4 tablespoons of dry leaves in 0.5l of water and boil for a few minutes. Drink several times a day until the end of pregnancy.

Evening primrose oil contains precious gamma linolenic acid the body converts to prostaglandins. You can use it starting in week 34, taking 500 mg twice a day.

Sage oil activates and enhances uterine contractions. You can add it to your bath (10 – 15 drops) or use the same amount mixed with ¼ cup of almond oil for a massage.





# Part III:

# Childbirth

## *Childbirth in Poland*

### *How do I know it is time?*

### *Labor and delivery – what is going to happen?*

### *Ways to deal with pain in labor*

### *Obstetric interventions*

### *Perinatal Care Standards*

## *Childbirth in Poland*

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Almost 99 percent of children in Poland are born in a hospital. When you get to one, you will enter through hospital admissions. There some paperwork will be dealt with. A midwife will ask to see your test results and medical documentation and discuss your pregnancy and health with you. You will also undergo a pelvic exam and a CTG to determine the advancement of labor.

Then you will move to a delivery room, usually these are for one patient only, though some hospitals still have rooms where two patients can deliver at a time. Women tend to choose hospital that ensure full privacy. Remember that you are free to choose a hospital, too, and you do not have to deliver at the closest location. Seek one that will meet all your needs. You should not be required to pay an additional fee for delivering in a single room.

Hospitals differ in their organization of labor and delivery care. Sometimes laboring women are encouraged to walk around, kneel and change positions. Research confirms that physical activity is recommended in labor, as it reduces time until delivery and alleviates pain. For delivery, women usually assume a lying or half-lying position – even though sitting or squatting is way better. Not all hospitals allow these positions, though. Verify birthing options in a selected hospital beforehand.

## *How do I know it is time?*

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**Typically, a few days before labor you will start feeling mild contractions that go away after a few hours. This is called prodromal labor. Then more signs of impending birth appear – large quantities of thick mucus in your underwear, sometimes with tinges of brown or pink, persistent back pain, diarrhea and vomiting – all of these can mean something is about to happen. Waters**

**breaking (and gushing or trickling slowly) mean the labor has started. Call your hospital to verify when you should come. Hospitals vary in their approach here. If the waters are clear, you will be able to spend the next 4 – 6 and sometimes as much as 10 hours at home. You do not need to hurry. If the waters are green or greenish though, you should get to the hospital within an hour. Another sign of labor is uterine contractions. If they are regular, take more than 30 seconds each and increase in strength with decreasing intervals, most probably the labor is under way. Remember, though, that no two labors are alike. Even if you have already had children, it may be a new experience this time around.**



## **Labor and delivery – what is going to happen?**

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### **First stage of labor**

During this stage you are going to feel regular but not very strong contractions (every 10 minutes). Over time, they will increase in frequency and intensity, near the end of the first stage they can come as fast as each 3 – 5 minutes. Do not avoid moving around – to the contrary, try to walk, change your position, rock your hips, breathe slowly and rest. You can also use the shower or have a bath, and a massage from your birth companion may also help. The baby spends this time descending in the birth canal and adapting to the contractions that will later help establish independent breathing. Very often it is the end of this first stage that women find most difficult in labor. Feelings of resignation, crisis, anger or irritation are common. The first stage of labor takes about 14 hours for nulliparous women and 8 hours for multiparous ones. While you labor, the midwife will monitor baby's heartbeat and contraction strength using a CTG device. You will also have pelvic exams from time to time – these may be performed by the midwife or a doctor, so if you prefer not to be examined by a male attendant, let your midwife know.

### **Second stage of labor**

- or the pushing phase. This usually takes up to two hours. Now with each contraction the baby's head moves forward. Try to rest and relax between the contractions. Once the baby's head crowns, the birth will occur in the next few minutes. In many Polish hospitals, women get routine episiotomies. This intervention is usually not necessary, though, so it is worth for you to discuss it with your midwife at the beginning of labor. During the first stage of labor the attending midwife will check up on you from time to time, while in the second stage of labor a doctor-midwife team may be present. You have a right to demand only to have doctors directly involved in your care around.

### **Third stage of labor**

Don't worry if your baby does not cry right after being born – they don't all do that. She can be adapting calmly to the new environment and want to attempt suckling soon. Direct contact with the baby will be helpful to you, too – a natural pain and fatigue relief. The naked newborn should be placed on mommy's naked breasts right after the birth. A few minutes later, contractions will restart and you will birth the placenta. The midwife will check if it is complete, and a doctor will remove any remaining fragments from the uterus if there are any. If necessary, the midwife or doctor will also stitch vaginal tears – this can take around ten minutes. You will also be able to breastfeed your baby still in the delivery room. Both of you will stay there for the next two hours, supervised by the midwife.

### **Fourth stage of labor**

If all goes well, you will stay in the delivery room for two hours following birth. You will be able to spend this time bonding with your new baby, nursing her and having some rest, while the midwife will ensure everything is all right with both of you.

Again, if all goes well, you will spend about two to three days in the hospital after an uncomplicated vaginal delivery. In most hospitals, you will stay in a multi-patient room with other moms and their newborns or have the option to choose a single room for a fee.

# **Ways to deal with pain in labor**

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There are many ways to reduce birthing pain without the need to resort to drugs. In order to help yourself to cope with the pain and experience full joy of birth, you can:

- ensure that you feel comfortable and secure – consider birthing with a trusted companion and visit the hospital beforehand to know what the delivery area looks like;
- be active – walk around, rock, squat or even dance. Move around – physical activity is the natural way to cope with the pain;
- rest – try to even out your breathing between contractions and relax. Do not hold your breath – it will tire you and make the pain stronger;
- use cold or warm compresses or hot water bottles;
- use water – you can use the shower or take a bath during the first stage of labor. In some hospital it is possible to spend most of your labor in a tub. Water will make you relax, rest and feel better overall;

Anesthesia – there are pharmacological ways to reduce pain in labor (the so-called 'spinal injection'), but they are not free of side effects, influencing both your experience and the baby's condition. Some drugs may impact the baby's breathing or heart rate; others increase the risk of a c-section. The medical staff are obliged to tell you what they are administering and what side effects it has. It is up to you then to decide if you want to get it.

## **Obstetric interventions**

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Labor and birth does not always progress naturally. Sometimes medical interventions may be necessary. Below you will find some of the possible options described:

- artificial birth induction – a doctor may deem an induction necessary when continuing the pregnancy would endanger the mother or the baby. A woman has a right to know benefits and risks of such decision and should determine herself whether she consents to induction.
- instrumental delivery – special medical devices may be used to extract the baby if the woman is unable to push her out while there are signs of fetal hypoxia. Decisions regarding such interventions are taken on an ad hoc basis when it is necessary to end the delivery promptly to ensure child's wellbeing.
- cesarean section – as it is linked with various risks and complications, it should only be resorted to in exceptional situations when natural birth is not possible. Sometimes c-section is scheduled before labor commences. Sometimes, on the other hand, the decision is taken in the delivery room, if the baby's condition deteriorates or malpositioning is detected. The surgery is performed under anaesthesia. Full maternal recovery takes several months.

### **Important things after a c-section delivery**

1. Being able to bond with/touch the baby as soon as possible. If you are going to have an epidural, ask to be able to hold the baby at least for a moment. If you have general anesthesia, your baby will be brought to you in the post-op room once you wake up. If it does not happen, you have a right to know why. It is very important to attempt breastfeeding as soon after the birth as possible. After a c-section this will be difficult for you to achieve on your own, so absolutely ask the midwife or nurse for help.
2. Asking for pain relief as needed, specifically with drugs that are compatible with breastfeeding. After the surgery you can also feel cold, shivers or leg numbness. These are all normal symptoms, but if you are concerned, feel free to talk to a doctor. You will not be allowed to eat until bowels resume their function, and the first meal you are going to receive is rice cereal. You may also find it difficult to urinate after the catheter is removed – try pouring warm water on your vulva or opening a tap with running water – the dripping sound may be helpful.

3. Sitting up and then standing up. If you had an epidural or general anaesthesia for your c-section, the midwife will encourage you to get up after a few hours. After a spinal block you will be required to lie down for at least a few hours in order to avoid the puncture syndrome consisting mainly of persistent headaches. The first attempt to get up is painful, but the sooner you do it, the smoother your convalescence. If you feel dizzy sit down and ask someone to accompany you to the bathroom. Also, hold your belly gently when coughing to reduce pain.

4. Not giving up if nursing is not successful from the very start. Right after a c-section you may find breastfeeding difficult. Even though colostrum forms before the birth, you may have supply issues at the beginning. If you are going to be separated from the baby for longer, you should try to stimulate the supply by manually expressing breastmilk within 6 hours from the birth. Confidence and support from the medical staff as well as from your loved ones usually guarantee success here. If you have any problems, though, as to speak to a lactation advisor or consultant.

5. Receiving support in your daily chores. Even if this is not the birth you imagined, do not treat c-section as a personal failure. Childbirth is an event you cannot plan in detail, as multiple factors can influence its course, some of them unpredictable. Remember that the adage “once a c-section – always a c-section” is not true in most cases, though.

### **Post-incision wound care**

The post-incision wound will be dressed after the procedure. The dressing should not get wet, so secure the area with a towel when you shower. After the dressing is removed, the incision site must be kept clean. You should let it air out extensively and not injure it by wearing wrong underwear. Stitches will be removed 6 – 8 days after the c-section. Then you will have to carefully wash the new scar and its surroundings with soap and water, preferably using an unscented hypoallergenic product (yellow soap or baby soap) and pat it dry with paper towels. You can also disinfect the incision site using alcohol wipes. The scar should grow paler over time; if on the contrary it becomes more painful, red or swollen or if any secretion starts oozing from it, contact a midwife or a doctor.

## **Perinatal Care Standards**

Poland has Perinatal Care Standards in place since 2012. The underlying is an Ordinance by the Minister of Health of 20 September 2012 (Journal of Laws no. item 1100) which defines medical care procedures in the physiological antenatal, perinatal and postnatal period as well as neonatal care.

This means all Polish perinatal care providers are obliged to operate in line with the abovementioned standards. Its scope covers physiological antenatal, perinatal and postnatal period though – and as such it does not define procedures necessary in case of birth complications (e.g. when a need arises to intervene medically, that is to administer an epidural).

### **Key statements from the Standards:**

#### **Pregnancy**

**The Standards determine the scope of prophylactic services, diagnostic tests and medical consults to be provided to pregnant patients as well as a specific timeline. You can receive your pregnancy care from a gynecologist or (even though not many people know that) from a midwife. Unfortunately, pregnancy care in Poland is not financed from the state insurance, which means you will have to pay for these services. If a midwife is your care provider, she should refer you to a doctor in case of any worrisome symptoms. Your care provider should also develop an antenatal care plan with you, discussing all individual procedures and tests you are going to have. Obviously, such a plan can be then amended according to changing needs.**

#### **Your patient rights**

**The Standards enable you to choose where you want to deliver – you can have a hospital delivery with a companion of your choice or on your own, but you can decide to have a homebirth as well. Homebirths are not covered by the National Health Fund, which means women who decide to deliver at home need to pay the attending midwife or doctor.**

**The medical personnel are obliged to respect your intimacy and dignity. You also have a right to full and comprehensive information on your and your child's health.**

## **Childbirth**

### **Birth plan**

**You can write up a birth plan together with your care provider still in pregnancy. It is a document containing all your birth-related expectations.**

### **Individual approach**

**Each birth intervention (speeding up labor, episiotomy etc.) must be backed by individual circumstances on the part of you and your child as well as medically justified.**

### **You can have a birth companion of your choice**

**During labor you can be accompanied by a person of your choice – your husband/partner or whoever else you choose, including your mother, sister or friend. The hospital cannot charge more than their real costs for allowing such person in; usually, the fee is no more than 10 – 50 zloties. In most Polish hospitals you will only be allowed to have one birth companion.**

### **You can have an active birth**

**You can move around freely throughout the labor, use non-pharmacological pain management measures (warm water, massage), use the equipment of your choice (yoga balls, gym ladders). You are also allowed to drink. In the pushing phase, the attendants should help you with positioning, with particular focus on vertical positions.**

### **First contact with the newborn baby**

**The hospital staff should facilitate the first skin-to-skin contact with the baby right after delivery (with the naked newborn placed on the mother's abdomen) for at least two hours. It can only be interrupted in case of medical necessity concerning the mother or the baby. During that time, the medical attendants should help you get the baby to latch on and nurse. The preliminary medical screening (according to the Apgar scale) can be performed with the baby lying on the mother's abdomen. A pediatrician or a neonatologist should do a more detailed assessment within 12 hours from the birth.**

### **Breastfeeding help in the first days after birth**

**The medical personnel are obliged to provide you with extensive information on breastfeeding as well as provide training on proper latch on techniques. They are not allowed to give water, glucose or formula to a breastfed baby.**

### **Post-natal care**

**After you get back home, you have a right to get a minimum of four post-natal visits from the community and family midwife (with the first visit no later than within 48 hours from the moment the midwife is notified of the baby's birth), in line with individual mother's and baby's needs. The community midwife should, among other things, assess your and the baby's health status, check baby's physical progress and weight gain, provide advice on newborn care, support you in case of lactation or other difficulties and let you know about institutions that can offer further assistance if there is such a need. Once the baby is 2 months old, the midwife should forward the care duties to the general practice nurse. medical attendants should help you get the baby to latch on and nurse. The preliminary medical screening (according to the Apgar scale) can be performed with the baby lying on the mother's abdomen. A pediatrician or a neonatologist should do a more detailed assessment within 12 hours from the birth.**

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# Part IV: After the birth

*Baby's first medical checkup*

*After the birth – 6 crucial weeks*

*Emotions after the birth*

*Breastfeeding: ups and downs*

*Hospital discharge documentation*

*Hospital customs*

## ***Baby's first medical checkup***

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The first medical checkup is usually performed by the midwife with the baby still on her mom's tummy right after the birth. If the baby is fine, she can stay there for while. The Apgar scale assessment can also happen in such setup. The baby should be weighed and measured after the first two hours of bonding pass, and a detailed comprehensive neonatological examination should happen within 12 hours from the birth. Unfortunately, some hospitals interrupt the first bonding period to take the baby away from the mom to be measured and weighed. You can verify your hospital's practices before the birth. The bonding time is really precious for both of you and should not be interrupted without a medical reason.

### **The Apgar scale**

**A 10 point scale used to assess neonatal status 1, 3, 5 and 10 minutes after the birth. The score overall score depends on factors such as: heart function, number of breaths, complexion, muscle tone and reaction to stimuli. The child can get from 0 to 2 points per parameter, thus a perfectly healthy newborn will get 10 points.**

## ***After the birth – 6 crucial weeks***

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The period of six weeks following birth is referred to as confinement. It is when the woman's organism gets back to its pre-pregnancy state and adapts to the new situation. What to expect during that time?

Abdominal pains and cramping – these are produced by the shrinking uterus. This is an unpleasant process, but a normal one all the same. The cramping is the most pronounced in the first days after the birth. If the pain is too strong, use mild painkillers.

Bleeding, also called lochia – this is the vaginal discharge you are going to observe. For the first 3-7 days after the birth it will be red, then brown, near the end – whitish, and after 5-6 weeks it goes away completely. The uterus

clears faster if you are active and breastfeed. If the bleeding gets stronger and you can see bigger tissue fragments, the discharge has an unpleasant smell, you are feverish or restless or the bleeding stops suddenly – get to the doctor immediately.

Episiotomy wound – it can be painful or you can feel the incision site pulling. It should heal within 10 days. Good hygiene and airing out the area is recommended.

Do not lift or carry heavy objects and avoid tasks that require prolonged bending forward. This is important, as failure to comply with the recommendation can result in permanent medical issues such as incontinence or genital prolapse.

## ***Emotions after the birth***

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Many women suffer from the so-called „baby blues” within three to four days after the birth. It manifests through pronounced mood swings and is an absolutely normal reaction to hormonal changes. You can cry in one instant and be euphoric in the next; not trust yourself as a competent mother, feel scared or overly emotional. Usually support from others helps a lot and the mood swings go away.

What can help?

- Let yourself experience the emotions. Talk to your husband or other loved ones, you may also seek support from other women who had given birth recently and know what you are going through (you will be relieved when you understand that you are not the only one experiencing this after the birth).
- Ask your family for specific help and support, in particular with regard to everyday tasks.
- Make sure you rest and relax enough; go for a walk and sleep while your baby sleeps.

Some women go through even stronger negative emotions after the birth – 10-20% of women suffer from postpartum depression. This is a prolonged period of worry, fear and sadness, to put it briefly. If such reaction continues for more than a few weeks, a psychological or psychiatric consult is necessary. Do remember, however, that it is not unusual to experience it after your child is born and many women suffer from ppd.

## ***Physical activity after the birth***

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In most cases women in Poland are encouraged to start ambulating quite soon after the birth. They are told to try walking and having a shower, going to the bathroom or walking in the hospital corridor. Some cultures, though, treat this situation differently and encourage women to lie in instead.

According to our best knowledge, physical activity makes recovery after the birth faster. If you believe otherwise, though, communicate that to medical staff at the hospital (if you feel pressured to act in a way you do not approve of). You have a right to have your own cultural beliefs and to go through birth and the postnatal period in a way that is comfortable to you.

Oftentimes, the Polish medical staff will encourage behaviors that are considered healthy and justified here – and this is not out of malice. Your explanation of your culture should dissipate any possible misunderstandings.

### **For the dad**

In the first few days following birth you may feel the world has turned upside down – even more so if this is your first child. Priorities change and so does your relationship with your wife/partner. In this first period, the mother is a special and irreplaceable person for the baby. The two are linked by a very close and intense bond. Sometimes you may feel sidetracked when watching this level of closeness and understanding. You need time to grab a foothold in the new situation. The father-child relationship is a different one, not so much based on physical closeness resulting from



breastfeeding, but rather established through a bond reinforced over time.

What can you do:

- Take time off work for the first days after the baby is born;
- Take care of your child's mother – she is going to need you being kind and supportive;
- Get involved with babyscare from the very start;
- Try to stay with the baby one on one, this will build your independend bond;
- Take care of yourself, find at least some time for rest;
- Let yourself experience all kinds of emotions, including the difficult ones, tiredness and frustration;
- Talk to other fathers you know;
- Talk about the emotions, needs and worries of you both, about what is happening in your relationship and about your baby;
- Find time to spend with your partner alone.

Remember that under Polish legislation both parents have the same rights and responsibilities towards the child.

In Poland, the father can be present at birth (if both parents wish so). This needs to be agreed in advance at the hospital.

## Hospital customs

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If your birth is normal and both you and the baby are feeling well, you will spend 2-3 days at the hospital afterwards. In Poland, birth is treated as a very private and intimate event – different from some other countries. You can have visitors after you give birth – but that would typically be from closest family members, like your husband/partner, parents, other family members – individually, not as a bigger group. Usually a women can only have one visitor at a time.

If your culture involves group visits after a woman gives birth – stagger the visits so that you will not have more than two to three visitors at any single moment. Bigger groups will not be seen well by the medical staff nor by other patients. Each hospital can have its own visitation policy too – it is best to inquire in advance.

## Breastfeeding: ups and downs

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Breastmilk constitutes optimum nourishment for a newborn. The baby should be fed on demand, cued by both her and the mother's needs. You should give the baby one breast per feeding and alternate them accordingly. The active suckling stage should take at least 15 minutes and the interval between feedings must not excee 3 hours. Exclusive breastfeeding (meaning the baby receives breastmilk as a sole source of nourishment and hydration) should continue for the first 6 months.

### Why is breastfeeding worthwhile?

Your milk meets the baby's needs best. Like with any other mammal, mother's milk is adjusted to what the young body can digest and composed so as to ensure the baby's healthy development.

Breastmilk contains all nutrients your baby needs, including proteins, cholesterol necessary for proper maturation of the nervous system, unsaturated fatty acids and vitamins at right proportions plus multiple enzymes, hormones, blood components, live cells and tissue growth factors.

Breastmilk protects your baby from many diseases, as it contains antibodies enabling the child to battle bacteria, viruses, fungi, allergens and toxins. This mechanism adjusts over time to adapt current needs of the baby. For

instance when you have a cold, your milk provides the child with antibodies to protect her from this specific ailment.

Breastfeeding is good for you, too. It reduces the risk of postpartum hemorrhage thanks to oxytocin secreted during feeds that helps the uterus to shrink. Another significant upside of breastfeeding is that it protects the mother from certain forms of cancer as well as from osteoporosis. Breastfeeding also prolongs amenorrhea (time when you are not getting your periods) thus decreasing the risk of anemia. Finally, breastfeeding lets you lose weight smoothly and prevents obesity.

Breastfeeding helps you bond with the baby. A nursing mother is calmer and moves smoother through motherhood difficulties, largely thanks to hormone prolactin inducing mild and loving disposition. Intense bonding sessions when the baby is huddled by the mother listening to her heartbeat and looking her deep into the eyes can calm her down and are also important for psychomotor development.

Breastfeeding is cheap and convenient. Breastmilk is always fresh and ready for feeding, while adjusting to suit the baby's needs. It is the kind of food you don't have to prepare, heat or sterilize bottles. Natural feeding will not be a burden to your household budget and simultaneously it is a great investment in your child's future, strengthening the immune system and preventing the need to spend money on doctors and medication.

### To succeed

Believe in yourself and your capability to nourish your baby. Your breast size or family history of breastfeeding does not matter. Your breasts have milk!

Try not to worry. When you are tense, milk outflow from the constricted milk ducts is slower. The baby can sense your emotions, too, so it will cry and get frustrated when there is not enough milk flowing. Do not listen to people who undermine your self confidence and trust in breastfeeding under the pretense of offering advice.



**Remember! Everything positive will reinforce lactation while the negative will hinder it.**

In the first days and weeks maintain frequent feedings, in line with the baby's needs, at least 8 times per 24 hours. Breastmilk is digested within 90 minutes which means the baby can be hungry again after 1-3 hours from the last feedings.

Do not give up on night feedings! Nighttime breastmilk has three times more fats daytime milk. Each nursing session must be long enough for the baby to fill up and take advantage of breastmilk offered, no shorter than 15 minutes. Ensure effective suckling – try rousing a newborn sleeping at the breast. Each latching should be correct in order not to reinforce incorrect habits.

Remember, though, that in some situations breastfeeding may not be possible (because of medical conditions on the part of the mother or the baby, mother's traumatic experiences or negative emotions related to breastfeeding). Bonding can also happen through hugging the baby, looking into her eyes etc. It is the emotions that accompany feeding that are important.

### Breastfeeding positions

#### Sitting down

A comfortable armchair and some pillows can be a lot of help. Try to maintain a right angle between your thighs and back (if necessary, put a small stool under your feet). Support your arms and head using pillows. Place the baby so that her head does not hang off the outer side of the arm (and support the bum with your hand). Get the baby on the breast rather than extending the breast to her. The little one should move closer to the breast and catch the nipple together with the areola with her lips puckered. You should be aligned tummy to tummy so that the baby will not have to rotate her head to latch. Just before latching the baby on check if her nose is right in front of the nipple. If not – reposition the hand holding the baby (not the breast). If sucking is painful after a latch is achieved, gently insert a finger into the baby's mouth, break the seal, remove the breast and try again.

## **Football hold**

- is a modification of the sitting position. It is particularly convenient after a c-section or when breastfeeding a preemie. The baby's tummy faces your side and the legs are under your arm.

## **Lying down**

Mother and baby lie down on their sides, facing one another. Do not support yourself on the elbow – pillows are more comfortable. You can also breastfeed half-lying – the baby will then lie on you.

Certainly you and your baby can come up with a different position that is more convenient to both of you. Remember the general principle, though: the baby's head should always be higher than her bum. After feeding, cuddle the baby in an upright position to enable burping and releasing air swallowed during feeding. You can help by gently patting the her little back or bum.

## **Check if the latch is correct:**

the baby's mouth is wide open, with the nosetip and the chin touching the breast

the baby does not suck on the nipple only, but also a larger part of the aerola comes in the mouth

the cheeks are round

you can hear a swallowing sound after a few initial suckling motions

## **Troubleshooting**

### *Painful and engorged breasts*

These are typical symptoms 3-4 days post partum due to milk coming in. Engorgement will go away in a few days while the supply adapts to your baby's needs.

- Feed the child as frequently as possible;
- Apply cold, crushed cabbage leaves or cooled damp towel on the engorged breast
- Drink two glasses a day of sage tea; it helps limit supply and is a natural anti-inflammatory agent, too

### *Cracked nipple*

Sore nipple may be a result of incorrect latch (the baby should catch the nipple together with the areola, with the lips puckered).

- Check if the baby latches on correctly;
- Start feedings from the healthy breast
- After each feeding, apply a few drops of milk onto your nipple and aerola and leave out to dry;
- Air out your breasts, do not wear nursing pads;
- Do not wash your breasts before and after feeding session; use marigold tea rather than soap for your daily hygiene

### *Lumps*

These are usually a sign of a plugged duct making it impossible for the milk to pass from a certain breast area, possibly due to underwear pressing on the breasts or the baby kicking the mom accidentally. Make sure to feed the baby frequently on the affected side and change feeding positions often.

### *Breast pain*

If the pain is severe even without touching the breast and is accompanied by redness, limb pain and fever it may be linked to nipple inflammation, typically resulting from untreated plugged duct.

- feed the baby as often as possible. If the milk seems to flow out with difficulty, apply a warm compress before feeding;
- you can massage the breast a bit during feeding; this will help loosen the milk ducts;
- after feeding apply cold, crushed cabbage leaves onto your breasts (they act as natural anti-inflammatory and contracting agents);
- sometimes antibiotic treatment will be necessary.

If you find breastfeeding difficult or confusing or if you have doubts, don't think you are coping well or believe your supply is too low... talk to a midwife, a lactation consultant or to an experienced mother. In reality there is just a handful of situations that make it impossible to continue breastfeeding. What you need most is sound advice, support and understanding.

## **Hospital discharge documentation**

Parents should receive a document confirming the birth of their baby upon discharge from the hospital. This is the so-called "Chilbirth confirmation statement". This document is very important. It constitutes a basis for the Registry Office local to the birth site to issue the Birth Certificate – more on that in the "Legal issues" section.



# Part V: First days and weeks with a newborn

***Call your clinic!***

***New pattern for the family***

***What to buy, what to use?***

***Baby care***

***When there are problems...***

***Vaccinations***

***How to soothe a crying baby***

***What else should you know?***

***Call your clinic!***

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When you and the baby come home from the hospital, call the clinic you are going to attend and let them know you had had a baby you are going to visit them with. The clinic will then send a community midwife to visit you, check on the baby, answer your questions on newborn care, offer advice on feeding the baby etc.

***New pattern for the family***

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A couple having a child, especially when it's their first one, can go through difficult moments.

It would be good if you could talk before the birth and discuss your expectations regarding your life with the baby, as well as your possible fears and the desired responsibility split. Right after the birth women often push their partners away from the baby, as a result feeling left alone and overwhelmed with new obligations. Fathers are very good with children if only they get a chance to prove themselves. Parent together, each according to their own abilities and skills; split both chores and joyful moments related to the birth of your baby.

Definitely both of you are going to be more busy when the baby is born and both of you will have more to do. Appreciate your efforts and involvement, but also try to determine who needs what in the new situation – and update that assessment as needed. It is way more important for your relationship for you to find time to talk as a

couple when the baby is asleep than to spend that time catching up on cleaning, washing up or cooking. If you can, enlist help. Perhaps a family member or a friend can drop by to cook dinner or take the baby out for a walk.

The first year of a baby's life is a very intense period indeed. Continuous sleep deprivation, new task overload, worrying about child's health and development – all that can push you into more arguments and misunderstandings than ever before. Give one another time to settle in the new role. Day after day and week after week you are going to become more skilful parents and your patterns will emerge anew.

## What to buy, what to use?

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### First clothes

Choose outfits made from natural materials, without seams or large buttons.

- Short and long-sleeved shirts – 3 to 5 pcs in total
- Long-sleeved bodysuits tied on the side – 3 to 5 pcs
- Sleeveless footed sleepers – 3 pcs
- hats – 2 psc light with ties, 1 after-bath hat with no tie, 1 warmer hat
- Sleepers – 2 to 4 pcs
- Warmer sleepers – about 2 pcs
- Socks – 2 pairs (make sure the elastic isn't too tight)
- Zip/button up sweaters or jackets – 2 pcs
- A snowsuit for an autumn/winter baby or a cotton bunting for a summer baby.

You will also need mittens, a warm sleeping bag and a warm hat for going out in winter. In the summer, on the other hand, a thin baseball hat can be of use.

Wash all clothes in the highest temperature recommended by the manufacturer using a baby powder or liquid detergent before the first use. It is also good to iron baby clothes.

### Sleeping / outdoors gear

- blankets – 2 thin, 1 thicker
- bedding to use with the blankets – 2-3 pcs
- sheets – for the crib and for the pram (terry ones with elastic sides are very practical) – 2-3 pcs
- warm sleeping bag for the pram (to use in winter)
- waterproof mattress pads – 2pcs
- cotton wraps – can be used to replace sheets, to cover the baby when it is warm or as a towel after the bath
- muslin wraps

If you want to use muslin diapers regularly, you will need about 60 of them, as these are applied in pairs. If you want to rely on disposable diapers, you will still need about 10 muslin wraps – they will come handy as sheets on the changing station or as burpcloths.

### Cosmetic products and toiletries

The products you use should be as simple as possible and used sparingly. Introduce new products carefully in order to be able to spot an allergic reaction. Choose cosmetics that do not contain fragrances or color additives. Attestation by the National Institute of Hygiene is also important.

You will need:

- a baby bath product
- cotton balls (useful for wiping the eyes and the genital area)
- a brush (made of natural or plastic fibre)
- nail scissors (with rounded ends)
- diaper cream to prevent chafing and diaper rash
- cotton square, and later on – a thin terry towel to dry the baby after bath

Other items of everyday use:

- a crib with mattress
- a plastic bath-tub, a thermometer to measure water temperature (optional)
- a pram
- a babywearing wrap (optional, but very convenient and useful)
- a diaper bag – you can have your ‘first aid kit’ stored permanently here, which will let you change your baby outside of home
- a car seat that meets safety requirements

It is worth to have at home

- saline – to rinse the eyes or the nose in case of a cold (available from pharmacies in individual use containers)
- a thermometer

## Baby care

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### Changing diapers

Prepare a special station somewhere at home, where you will have all the necessary items available nearby.

- When you handle a newborn, always support the head. Also, remember never to straighten out the legs or arms forcefully when dressing or changing the baby.
- While changing a diaper, do not pull on the baby’s legs to raise the bum, as this may be harmful to her undeveloped hip joints. To remove the diaper, roll the baby over to one side, then to the other, or raise her bum by supporting it with one of your hands.
- Wash the buttocks and crotch using cotton balls and warm preboiled water. This will be much nicer for the baby than using wet wipes which are naturally cold. Restrict wipe use to when you are out of home – on a walk or visiting someone.
- Air out the baby’s bum. When changing the diaper, wait for a long moment before you put the new diaper on. If it is really hot, let the baby spend about 30 minutes without a diaper a few times a day (make sure the child is not feeling cold, though).
- If you see redness or a rash (called a diaper rash), apply a cream onto the skin before you put a new diaper on (e.g. Sudocrem or another cream available from a pharmacy).

Changing the baby is a great opportunity for communication – as are all other care situations. Smile and talk to your little one. This is indeed a loving occasion for everyone involved – enjoy it!

### Bathtime

For the bath, the room temperature should be around 24°C, and the water should be about 37%. If the skin is prone to allergic reactions or drying out, you can add some starch, baby oil or softening baby bath product to the water.

Before you start bathing the baby, rinse her eyes using warm water or saline on cotton balls. Always move from

the temples towards the nose and use a new cotton ball for each eye. Support the baby in the tub so that the head will always rest on your wrist. Use your hand to provide support for the back and arm. With your other hand, you can wash the baby using a soft washcloth. Putting the towel on the heater before the bath starts is a good idea – wrapping the baby in a warm towel after the bath will feel good. Hooded baby towels are available and convenient. Dry the baby gently by patting the baby with the towel.

### **Going out**

During the warm season, you will be able to go out with a full term newborn 10 – 14 days post partum. Winter babies need to wait a little bit longer – about 3 weeks – but they can get some fresh air earlier by getting a nap near an open window (remember to dress the baby appropriately beforehand). In the winter, going out is allowed for temperatures no lower than -10oC.

Kids that are out a lot, even when it is cold, get tougher and more resistant to diseases. In winter they can stay out for as long as 90 minutes – if they are covered and warm. To protect the baby from freezing weather, dress her warm, cover with a blanket and put oil-based cream on her face. Do not cover the mouth with a scarf, as humidity will condensate there and chafe the skin. Don't put up pram covers without a real need though – this will cause the air to get stale in just a few minutes, thus cancelling the benefits of being out. Make sure the baby is not out in the full sun. In the summer, it is best if the baby can spend 3 hours a day outdoors. Never forget to apply an UV blocker on the little face – even when the weather is cloudy.

Choose green, calm places for your walks. Avoid busy streets and shops, in particular malls, where all the senses are bombarded with stimuli – loud sounds, harsh lights and unknown smells. This kind of walk can make the baby unsettled and fussy

## ***When there are problems...***

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You will be able to deal with most baby care problems yourself, without the need to consult a doctor.

### **Physiological weight loss**

In the first week of life, the baby loses some weight – this is a natural phenomenon, a result of urination, passing first stool, perspiration and using energy reserves from stored fatty tissue. After that physiological weight loss, the baby will start to gain weight systematically.

### **TB vaccination site**

After about 3 weeks, the TB vaccination site (against tuberculosis, abbreviated as BCG in Polish) will typically get red, swell up and fill with liquid or pus, then burst and heal. Try not to get the site wet, and when it bursts – cover it with sterile gauze.

### **Umbilical cord stump issues**

The scab that appears after the umbilical cord stump breaks off should be dry and odorless. You should wash the stump area every day, using water and soap, and then dry thoroughly. It is worth to repeat that frequently, e.g. during diaper changes. Recently, the stump care guidelines have changed – now disinfection is recommended in exceptional cases only, such as hospital stay or unsanitary conditions.

If the stump area is swollen, red or smells funky or if you see blood or pus emerging, contact a doctor or a midwife urgently.

### **Rash**

Try to analyze potential reasons of a rash: something that you ate, a new cosmetic product, change of washing

powder, a new piece of clothing – and eliminate the culprit if possible. If the rash is accompanied by fever, you should contact a doctor.

### **Cradle cap**

Apply a warm baby oil compress for an hour, then comb the cradle cap pieces with a brush and wash the baby's head. Repeat as necessary. Recurrent cradle cap can be a symptom of allergy.

### **Heat rash**

Rub the rash with a cotton ball soaked with alcohol, then apply baby powder. Heat rash can mean you are keeping the baby too warm.

### **Aphtae**

Use your finger wrapped with sterile gauze to apply Aphtin or gentian water solution on the inner side of the baby's cheeks and her gums. If you breastfeed, use another piece of gauze to wipe your nipples and aerolas with the same solution.

### **Goopy eyes**

Wipe the eyes from the outer corners towards the inner ones with a saline solution.

### **Nipple engorgement and lactation**

This happens sometimes, both to baby girls and baby boys. It is a physiological phenomenon resulting from mother's hormones still circulating in the baby's blood. It does not require any sort of treatment – just wait until it goes away in a few days.

### **Colic**

The mechanism causing baby colic is not yet known. If you breastfeed, you can drink fennel tea during the day. If your baby is colicky, try to limit the stimuli she receives during the day, avoid large groups of people (such as in malls). Try to relax and rest yourself so that your inner calm can radiate to the baby. You can also try anti-colic massage.

### **Contact a midwife or a doctor if:**



- the baby suffers from diahorrea – the stools are frequent, watery and have a nasty smell
- the umbilical cord stump area is red and pus is visible
- the baby does not put on weight
- the baby does not feed adequately
- jaundice does not lessen or gets worse
- the baby has goopy eyes and home remedies are not effective
- the baby's behavior changes rapidly (e.g. an active baby becomes apathetic suddenly)

# Vaccinations

Poland has an obligatory vaccination schedule. During the first 24 hours post birth, the baby will receive two vaccinations: against hepatitis B and tuberculosis. The rest of obligatory vaccinations will be carried out at a health center.

Age	Obligatory vaccinations
2 months	DPT – diphtheria, tetanus, pertussis (whooping cough) viral hepatitis polio
3 - 4 months	DPT – diphtheria, tetanus, pertussis polio
5 – 6 months	DPT – diphtheria, tetanus, pertussis viral hepatitis polio
12 months	hepatitis B tuberculosis (BCG)
13 – 14 months	measles
16 – 18 months	DPT – diphtheria, tetanus, pertussis polio

Children receive further vaccinations when they are older, up to 18 years old. All vaccinations are recorded in a special booklet. It is important that the parents have information on all vaccinations the child has received – such information can be invaluable in case of illness.

## How to soothe a crying baby

Crying is how the baby communicates with you – a newborn doesn't yet know any other way, she does not know what words or gestures mean. By crying, the child tries to tell you something is wrong: she may feel lonely, hungry, too cold or too hot, perhaps the diaper is wet or the baby simply wants some cuddles. At the very start you might not get the message, but you will soon learn how to decode it. It is important to remember that the baby never cries without a reason and that without you she is unable to deal with what is bothering her and consequently her good mood cannot return.

The crying baby is stressed out, her brain and nervous system are flooded with cortisol – the stress hormone. It is very bad for the baby – it doesn't allow proper brain development and it reduces the baby's resistance to germs. Thus it is worth to react promptly when a baby cries.

### **Here are some tips and tricks:**

If you are calm – the baby soon will, too. Little children have a natural aptitude of syntony – that is sensing and being in tune with the moods of the closest person. If the mom or dad wants to soothe a crying baby, but at the same time they are angry and nervous, the baby starts to feel these emotions, too, and she will cry even more. Approach your crying baby with peace and calm, breathe slowly, talk to her in soothing words, rock gently. The calmer the mother is – the more stable and joyful the baby will be.

Carrying and rocking. Mothers instinctively hold and carry their crying children around. That is very good, as children who are carrier more, turn out to be calmer and healthier. They have spent nine months carried and rocked inside the womb, listening to the mother's heartbeat and feeling her presence – so they need just the same after they are born. Don't be afraid to spoil your child so that it will not calm down otherwise than being carried. Once the baby feels safe and confident, she will start demanding to be put down on a blanket or on the floor. It is usually the children who get more physical attention, cuddling and rocking that are more eager to demand independence and freedom.

White noise. Children do not spend the prenatal period in total silence – on the contrary, they hear lots of sounds and shushing. This is why after they are born, they find noise generated by a hairdryer, washing machine or vacuum cleaner very soothing. You can also shush in your baby's ear – it works best if you rock and cuddle her at the same time.

Singing. Mothers all over the world sing lullabies to their children. The baby is soothed by hearing her mother's voice and a repetitive monotone melody of a lullaby makes her even calmer. Singing is a good way to relieve stress resulting from hearing your baby cry, too – as it is not possible to sing when you are angry. The singing mother calms down and as a result is even more efficient in soothing her baby.

Nursing. This is a very efficient soothing method, as the baby gets everything she needs most: being close to the mother, feeling safe, cuddling and being rocked – all that lets her relax – and the small amount of milk will calm her even more thanks to the sugars and hormones excreted during suckling. There is no need to worry that nursing will become the only way to soothe a baby – she is smart enough to know that this is a trick that will work with the mom, while dad will have something else in store.

### **Important note**

When a baby is crying and we don't know how to help, we may feel helpless. What is even worse, sometimes it feels like the crying never stops. Then it is worth to check the clock and notice that the whole carrying, rocking and shushing has only taken a few minutes so far – not hours (even though it may feel this way).

When nothing you are doing to soothe the baby helps and you feel negative emotions surging – ask your husband to lend his hand. Perhaps he will manage to soothe the baby. And even if you are home alone – put the baby in her crib for a few minutes, get out of the room, open the window and breathe some fresh air in, drink some water – and then get back to your baby, calmer. Talk to yourself and to her in a calm voice: baby, I can hear you crying, I want to help you, I'm looking for the best solution, I'm trying to find out what you need... The solution will definitely present itself.

## **What else should you know?**

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### **Return of fertility**

There are a few factors influencing how fast after the birth you are going to ovulate again (and get your period back). The most significant ones are breastfeeding and your general health. Women who do not breastfeed are able to get pregnant again a few weeks after giving birth, as ovulation can return with delay as low as 3-5 weeks with period following within 5-8 weeks post partum. Women who breastfeed on demand (with daytime feedings each 4 hours or less and nighttime feedings each 6 hours or less, no pacifier use and no menstrual bleeding during the 56 days of confinement) have a probability of getting pregnant again within the first 6 months post partum no higher than 0.7% - in other words it does happen, but extremely rarely.

You should not resume intercourse too soon when you may still be sore after the birth. It is best to wait until you stop bleeding. About 6 weeks post partum you should have an appointment with a gynecologist. Then you will be able to discuss contraception and get a prescription. Contraceptive methods you can combine with breastfeeding include barrier methods (condoms, spermicide globules) as well as chemical ones (gestagen-only pills, also referred to as the mini-pills, available upon prescription).

## Prenatal screening

A doctor should refer you for prenatal screening, that is tests performed on the baby before it is born, if:

- you are older than 35, as the risk of genetic disorders correlates with advanced maternal age
- you have a history of genetic disorders in the family of either of the partners
- you have already had a child with a genetic disorder
- you had rubella in the first trimester of pregnancy, as this condition can impair sight or hearing of your child, among other things
- the baby has to be delivered pre-term; fetal development will be performed beforehand

## Infertility

In Poland 15% of couples find it difficult to conceive. The causes vary, with some of them attributable to women, some to men, and some even to psychological issues. Sometimes doctors are not even able to detect the reason for such difficulties. Modern medicine can provide aid to conception to about 1/3 of the patients. In Poland, various fertility therapies are available, but most of these are provided at a charge and quite costly. The public insurance though covers many diagnostic tests as well as pharmacotherapy that can improve the odds for pregnancy.

Many couples who were not able to overcome infertility decide to adopt a child. Polish law does not preclude foreigners from adopting. Prospective adoptive parents must prove their social and financial situation is stable, though. "Adoption centers" operate in most major cities and facilitate the adoption process.

## Abortion

Pregnancy termination is illegal and penalized in Poland. The law provides for three exceptional situation categories wherein a termination is allowed. Under Polish legislation, pregnancy can be terminated only if:

1. pregnancy poses a risk to life or health of the pregnant woman,
2. prenatal testing or other medical reasons indicate high probability of severe irreversible damage to fetus or an incurable life-threatening disease ,
3. there is a reasonable suspicion that the pregnancy is a result of an offense, such as rape.

## Contraception

Many forms of contraception are available in Poland and family planning is both legal and available. Contraception can help family planning and is widely used in Poland.

Natural methods (fertility awareness) – each month, a woman is only able to conceive for a few days. Many women regularly observe their bodies and avoid intercourse on these so-called fertile days. This method requires systematic approach from the women, but it involves no costs.

A variety of contraceptive pills are available by a doctor's prescription. A practitioner will select the option that is most suitable for you. The choice will involve factors such as your medical status and lifestyle. Unfortunately, not all contraceptives are reimbursed and you will need to pay 100% for the more modern ones.

IUD (intrauterine device) is a small contraption placed inside the woman's uterus that prevents embryo implantation. The device needs to be exchanged every few years. Just like with pills, you will have to pay for this method, in Poland the cost is around 400-500 PLN.

There are more contraceptive methods out there, too: hormonal shots – active for three months; a special patch applied on the skin; condoms; spermicidal globules. If you want to plan your next pregnancy, ask your doctor about the method that will be best for you.

## Costs

In principle, free of charge medical care in Poland is available to the insured.

It is worth to know, though, that in case of women who have the right to permanent residence in Poland, free of charge antenatal, perinatal and postnatal care is available even if the woman is not insured. If a pregnant woman has a permanent residence in Poland and she is not insured – it is enough for her to mention it at the hospital. She should present documents confirming her residence and nationality (e.g. permanent residence card) and make appropriate representation regarding lack of medical insurance.

This is governed by article 2 of the act on healthcare services financed by the public means (that is Journal of Laws 2008, no. 164, item 1027 with further modifications). Should you have any issues with enforcing that, you should contact the Patients' Ombudsman office ([www.bpp.gov.pl](http://www.bpp.gov.pl)).

Women with legal status different than permanent residents need insurance to be able to access free of charge antenatal, perinatal and postnatal care.

All the patients (Poles and foreigners, regardless of their legal status) have to pay to access certain hospital services – it is best to enquire at your chosen hospital as to which services are free of charge and which are for a fee before you give birth.



# Part VI: Your rights during a pregnancy and after delivering a baby

*Free of charge prenatal care*

*Legalization of your stay – what should you do?*

*Polish labor legislation and expectant mothers*

*Parental leave types*

*Social assistance available after you have a baby*

*Other important legal information*

Polish legislation provides various forms of assistance to mothers and expectant mothers. Your situation will depend on your legal status, whether you need a permit to work in Poland and what kind of contract you may have.

## *Free of charge prenatal care*

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Foreigners with a permanent residence permit in Poland (permanent residence – permit to settle or a status of a long-term EU resident) have access to the public healthcare system which is free of charge with regard to prenatal care.

This is not applicable to women who have temporary residence permit in Poland or are here with another legal status (e.g. on a visa). These moms need to be insured to be able to access free of charge prenatal care.

# **Legalization of your stay – what should you do?**

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Foreigners who work in Poland on a basis of an employment contract are subject to Polish labor legislation pertaining to new and expecting mothers.

At the same time, though, they need to ensure they will be able to legally stay in Poland after they give birth. The sheer fact of having a baby in Poland does not entitle a person to stay longer than indicated by a visa or a residence card. This is why a woman should review her legal situation as soon as she learns about her pregnancy to avoid losing the right to stay in Poland right in the midst of the perinatal period. We recommend you use a lawyer working with one of the NGOs – their assistance is free of charge and they will be able to recommend best solutions. You can find information on various NGOs that provide free of charge legal assistance in the CONTACTS section of our website [www.forummigracyjne.org](http://www.forummigracyjne.org).

If you have permanent residence permit and an employment contract – you are subject to legislation protecting expectant mothers just like Polish citizens. You don't need to take any additional steps to modify your stay terms (other than legalizing the stay of your child).

If you have temporary residence and do not need a permit to work in Poland (under the Polish Card, as a spouse to a Polish citizen or a graduate of a Polish higher education institution) and an employment contract – you need to ensure your term of residence is prolonged if your pregnancy will result in prolongation of your contract (this is explained in more detail later in this chapter).

If you have a temporary residence permit and need a permit to be employed in Poland – you have the rights pertaining to expectant mothers stipulated by the Polish legislation, but depending on your individual situation you may only be able to exercise some of them. If you have a temporary contract that expires after your third month of pregnancy but before your due date – your employer is obliged to prolong your contract and additionally to prolong your work permit. Based on the prolonged contract and work permit you will then apply prolonged residence permit. If your residence is to expire before you give birth – remember, you will only be able to prolong the employment contract, the work permit and the residence permit until the date you give birth. The employer will not be obliged to employ you after that (though obviously they have a right to do so). Thus you will not be eligible for a parental leave.

The legislation pertaining to this situation is ambiguous – so it would be best if you could consult a lawyer to take steps that will be best for you.

## **Legalizing a stay in Poland because of „other circumstances”.**

**Polish legislation provides a possibility for temporary residence permit to be issued to a foreigner out of various reasons not listed in the act on foreigners. These reasons have to be documented – and it can be a solution for you if you do not have an employment contract but you want to legalize your stay in Poland until you give birth nonetheless. Conditions you have to meet to obtain this kind of permit include insurance, stable source of income and available residence in Poland.**

## **Polish labor legislation and expectant mothers**

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If you are pregnant and work in Poland under an employment contract (regardless of your legal status), you have certain rights:

- Your employer cannot lay you off (the legislation provides exceptions in case of layoff out of employee's fault – in case of gross negligence of duties),
- If you resigned from work not knowing you were pregnant – you have a right to cancel your notice,
- If you have a temporary contract with a duration of over one month that expires before your due date, but

after the third month of your pregnancy – the employer has to prolong the contract until the date you give birth (caution! If you are employed on a work permit, the employer should prolong the permit, too). When the contract is prolonged because of pregnancy – it is only prolonged until the date you give birth and expires afterwards.

- The employer cannot reduce your remuneration nor change the employment conditions – unless the company has group layoffs in place.
- If your duties include tasks forbidden to pregnant women or if you submit a doctor's statement of counterindications for your current work, the employer has to adapt your employment conditions or reduce working hours so as to eliminate the risk. Should that not be possible, the employer is obliged to change your scope of duties or relieve you of the obligation to perform work. If such change would result in reduced remuneration, you are eligible to receive compensation.
- Pregnant woman cannot work nights (between 9pm and 7am) or overtime, even with her consent.
- Pregnant woman cannot be delegated outside her regular employment location without her consent.
- A woman has a right to leave work to have medical procedures performed if these are prescribed by her doctor and are related to her pregnancy, whenever such services cannot be performed outside of working hours. The employee reserves the right to compensation for such time.
- A pregnant woman that is on a sick leave has a right to receive the sickness benefit. This is paid out for a maximum of 270 days.

## Parental leave types

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In Poland, there are four types of leaves available to parents after they have a child. In order to be eligible for them, you need to both have a right to stay and have a right to work in Poland. Women employed on civil-legal contracts ("umowa zlecenia" and "umowa o dzieło") do not have a right to these leaves.

### Maternity leave

Maternity leave pertains to women with an employment contract. It is not applicable if a woman works based on civil legal contracts (umowa zlecenie or umowa o dzieło). For a singleton, the leave is 20 weeks, with 14 weeks of that as an obligatory part. After that, the woman may return to work if the child's father uses the remaining part.

### Additional maternity leave

After the full 20 week maternity leave expires, either of the parents have a right to additional 6 weeks of leave. This needs to be applied no less than 14 days before the leave starts. The parents can also split the leave time. This leave is not obligatory.

### Parental leave

The condition for this leave with a duration of 26 weeks is for the mom to first use the basic maternity leave belonging to employees, and then the full additional maternity leave.

If a woman had more than one child in a single birth, the leave is longer and totals at 65 weeks in case of twins, 67 weeks for triplets and progressively more for higher order multiples.

### Childcare leave

Either parent employed for at least 6 last months (not necessarily by the current employer) have a right to a childcare leave of up to 36 months. This leave can be used with a child of up to 5 years old. A father with at least 6 months of prior employment can use that leave even if the mother is not an employee. The childcare leave is also a right of parents who work based on umowa zlecenie or for business owners – if they pay sick insurance contributions.

Parents who meet the requirements for the childcare leave can take the leave out together for a period of no longer than 4 months. After that one of the parents must resume employment.

The childcare leave can be taken out in a maximum of five parts (this means it does not have to be used directly

after the maternity leave). At least one month of the leave needs to be used by the parent not taking the majority of leave (unless they are deceased or have limited parental rights).

From the date when an employee applies for a childcare leave and until the last day of the leave the employer cannot terminate or dissolve the employment contract (unless the employer announces bankruptcy or is liquidated or when the employment contract is terminated without notice out of the employee's fault).

The employer is obliged to hire the employee returning from a childcare leave with position the same (or equivalent) as before the leave and remuneration no lower than before the leave.

## **Mothers' workplace rights**

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If you have an employment contract – you have additional privileges in your workplace during pregnancy.

### **Nursing breaks**

An employee breastfeeding her child has a right to two 30 minute breaks that count towards her paid hours. An employee breastfeeding more than one child has a right to two 45 minute breaks. The breaks do not apply if the employee works less than 4 hours a day. If she works between 4 and 6 hours a day, she has a right to a single break.

### **Ad hoc childcare leave**

An employee who is parent of at least one child under 14 years of age has a right to two paid days off per calendar year.

### **When you own a business**

If your business is registered for at least three months and you pay your social security (ZUS) contributions regularly (this is important as delays make you ineligible for benefits), you have a right to sick pay. The maximum time of sick leave a pregnant woman can take out is 270 days.

Important! Paying sick insurance contributions is a condition for eligibility for this assistance. These contributions are not obligatory. A company has to pay pension-and-disability insurance contributions as well as healthcare insurance contributions, but the business owner has to decide whether to pay sick insurance contributions as well.

If you pay sick insurance contributions for at least one month, you are eligible to receive maternity benefit – the amount will depend on the level of contributions you pay through your business. The benefit will be paid out for 20 weeks if you have a singleton (or longer if you have twins or triplets). The mother must take the first 14 weeks, after that she may return to work and resign from the benefit or transfer the benefit eligibility to the insured father of the child.

Benefit amount for both sick pay and maternity depends on the level of contributions that were paid in. The higher the contributions – the higher the benefits.

Remember that even when you receive the maternity benefit you will still have to pay healthcare portion of your social security contributions (that is a portion of all the contributions you have to make normally).

## **Social assistance available after you have a baby**

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Polish legislation provides for various forms of family assistance available after you have a baby. The assistance is available to women only, depending on their legal status in Poland.

### **Newborn allowance**

Newborn allowance is a one-off assistance of PLN 1000 related to birth of a child. It is paid to families with net income per person not exceeding PLN 1922.

Foreigners with permanent residence permit in Poland (settlement permit or a long-term EU resident status), refugee status or complementary protection are also eligible for this allowance. Foreigners with residence in another EU country are also eligible if they intend to study or work in Poland and have the right to temporary residence as a result.

Foreigners who are in Poland on a visa or temporarily (for a defined period of time) are not eligible to receive the allowance.

Another condition the mother has to meet to get the allowance is to receive prenatal care starting no later than week 10 of pregnancy. The woman needs to document the fact with a doctor's statement.

You can apply for the newborn allowance at the Commune Office or a Municipal Social Assistance Centre in the area where you live during the first year of the child's life.

### **Financial assistance**

If a mother has a permanent residence permit in Poland (settlement permit – permanent residence, residence permit for a long term EU resident, resident status in another EU country coupled with temporary residence in Poland), the family has access to financial assistance provided when net income per family member does not exceed PLN 504 (or PLN 623 in case of a special needs child).

Benefits are distributed by Social Assistance Centres. When applying, you need to document your income for the previous year (and notify staff of changes if the parents' current income situation has changed). Available benefits include:

- family benefit (PLN 77 per child up to 5 years of age, PLN 106 per child from 5 to 18 years of age, PLN 115 per child from 18 to 24 years of age)
- family benefit supplements:
- for a single parent – PLN 170 per child per month, but no more than PLN 340 in total when the parent has more than one child,
- PLN 400 for a parent caregiver during childcare leave (when parents do not take maternity benefit, perform actual childcare and the mother was employed for 6 months or more before having the child),
- for parents of a special needs child – PLN 240 per child
- for multi-child families – PLN 80 per third child and higher
- care related benefits: caretaker benefit and caretaker allowance

## **Other important legal information**

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### **Birth certificate**

Within 14 days from birth, the hospital should notify the Registry Office of the fact. A parent should report to that Registry Office with hospital discharge documents and an abbreviated marriage certificate (if the parents are married) or the mother's abbreviated birth certificate (if the mother is not married). If you don't have your own birth certificate, your ID should be enough for the child's birth certificate to be prepared. Documents to confirm mother's identity are necessary for the issue of child's birth certificate.

The birth certificate is your child's first identification. It is very important and will be necessary many times later in life. Parents receive three copies of the certificate free of charge; more copies are available for a fee.

### **Paternity**

According to the Polish legislation, mother's husband is assumed to be the child's father if the mother is married – even if the spouses stay in different countries, the marriage does not exist in reality and the mother declares someone else is the father. Even in such situation, the mother's husband will be listed in the child's documentation.

If another mother's partner is the father, first of all the husband's paternity needs to be denied, and only afterwards

can the partner's paternity be confirmed – both procedures conducted by a court.

Ex-husband's paternity is also presumed for divorced parents if the child was born less than 300 days after the divorce was adjudicated.

## **Parental rights**

Parental rights refer to the decision making powers on issues related to the child. In Poland, both parents have equal rights towards their children. In case of important issues related to the child, both parents' consent is necessary (e.g. to decide about the child's citizenship, apply for a passport etc.). Parental rights belong to individuals listed as parents on the child's birth certificate.

## **Child's legal status**

The child's legal status in Poland should be sorted out as soon as possible after the birth. Options for legalization of the child's stay will depend on the parents' legal status.

- If one of the parents is a Polish citizen – the child automatically inherits Polish citizenship. For this to be possible, the Polish citizen parent's details must be listed on the child's birth certificate. In that case, the child does not need a permit to stay in Poland. Her Polish citizenship will require both parents' consent.

Parents can also choose a different citizenship for their child (that is the citizenship of the other parent). In that case, within three months from the birth they have to file citizenship selection declaration at the Voivodship Office. The parents will then be able to apply for a permanent residence permit for the child provided that the Polish citizen parent retains parental rights. They can also apply for temporary residence justified by family bonds. The child's birth certificate will be needed for such application, together with the parents' marriage certificate (if they are married).

- If a parent has a permanent residence permit in Poland (settlement – permanent residence, long term resident permit), the child can also obtain permanent residence permit provided that she was born while the parent had a valid temporary residence permit or a permanent residence permit in Poland. If that is not the case, the child can apply for temporary residence permit (the application is filed by the parents on the child's behalf), justified by family bonds.
- If a parent has a Polish Card or documented Polish origin – the child can apply for the same legal status the parent has, based on documentation presented for the parent's case (and the child's birth certificate). Since 1 May 2014, the Polish Card or Polish origin are a condition upon which one can obtain permanent residence permit in Poland.
- If a parent has temporary residence permit or a visa – the child can also obtain a temporary residence permit for the period the parent's permit or visa was issued, provided that she was born while the parent had a valid visa or residence permit. The parent has to meet two conditions, though: hold health insurance in the understanding of the legislation pertaining to universal health insurance or an insurer's confirmation of healthcare cost coverage in Poland and a regular and stable income source.
- If parents are illegal immigrants – it is best to contact a lawyer available through one of NGOs who will help assess the situation and determine what steps can be taken to ensure the child's wellbeing. NGO-affiliated lawyers provide services free of charge. Very often even when the parent's stay in Poland is illegal, it is at least possible to have the child's birth certificate issued. In some cases the child's stay may be legalized when one of the parents is an illegal immigrant.

Caution! The fact a child was born in Poland does not grant her a right to Polish citizenship. Polish legislation grants citizenship by the "right of blood", that is to children of Polish citizens.

## **Passport for the child**

If one of the parents is a Polish citizen – the child can obtain Polish citizenship and the parents can get a Polish passport for her. A Polish citizen, even if that is a newborn, needs her own passport to travel across state borders. Children are not included in their parents' passports. Passports for children are issued for a period of five years. In order to apply for a passport (at the Passport Office), the child must be physically present and accompanied by both

parents. The fee for a passport application for a child is PLN 30.

If both parents are foreigners – they need to decide which citizenship to choose for their child. Some countries allow for dual citizenships for children. Before the child is born it is worth to consult Embassies of parents' countries of origin and enquire about details. Each country has its own procedures related to childbirth registration, obtaining citizenship and getting documents for the child. It is best to get acquainted with them before the child is born.

Remember that for a child of non-Polish citizenship you will have to notify the Embassy of the birth in order to obtain a document that will allow for the child's stay abroad. Depending on the country, the child will either get her own passport or be registered in her parent's one.

### **Registered address**

If it is at all possible, the child should have her registered address at the same location where the parents (or one of them) have it. Address registration application will cause the Commune Office or District Office to apply for a PESEL number for the child. Such number is later needed on multiple occasions: getting insurance for the child, registering her for school, using the healthcare system etc. The parents can also apply for a PESEL number at the Ministry of Foreign Affairs. Information on PESEL application is available at: <https://www.msw.gov.pl/pl/sprawy-obywatelskie/centralne-rejestry-pan/32,PESEL.html>

### **Attention! If you are not able to take care of your baby**

**There are many complex situations in life. If for some reason you are not able to take care of your baby, you can leave it in the hospital after giving birth.**

**Your child can be adopted by someone – that means being raised by another family. If you are not able to take care of your child, you can sign documents at the hospital that will enable the adoption.**

**You will have time to reconsider such a significant decision – even if you sign the documents right after giving birth, you will still be able to change your mind within 6 weeks from the date of birth.**

**If you are in a desperate situation, you can also bring your child to the so-called “window of life” – a place where you can anonymously leave a child and ensure it receives alternative care.**

**Remember, there are multiple organizations out there to support migrants and women – so do seek help. Perhaps your difficult situation can be resolved even if you cannot see a way out at the moment.**

# Part VII: Glossary

## Baby blues

Is a normal (!) condition consisting of irritability and emotional lability that occurs in the first two weeks post partum as a result of sudden hormonal changes and exhaustion. The women may go through many intense emotions and confront her previous expectations with the reality. Joy is interwoven with tiredness. Everything is new and difficult: baby care, feeding, getting up at night, neverending attention and focus on the baby. This all is coupled with overwhelming responsibility and fear of whether she will cope with it. Once new tasks are more familiar, the baby blues will go away.

## Post partum depression

As statistical relationships indicate, women who had some tragic event during pregnancy, a stillbirth or a special needs baby are more likely to suffer from ppd. It also is more prevalent among older mothers, in particular if they had active careers and got used to independence and thriving social lives. But it is also common in women who had dreamt about having a baby for a long time and thus had idealized the condition. Other risk factors include lack of husband/family support, poverty, single motherhood and loss of employment.

If you have given birth a few weeks ago, but you still:

feel tired, cannot sleep, get up exhausted, are apathetic and restless  
don't feel hunger at all, or – to the contrary – overeat

feel that you are a bad mother, don't feel a connection with your baby, the baby feels alien to you or you are constantly angry with her

obsess about the baby and are afraid to be alone with her

are irritated, feel your life is unreal, the time flows differently and even simple tasks take you longer than usual

– then treat your condition seriously and visit a psychiatrist (you don't need a referral) or ask for psychological help.

## Dolargan

A strong painkiller, a morphine derivative administrated intravenously or intramuscularly. It alleviates pain, but at the same time can influence psychophysical status and cause disorientation. When used during childbirth, it passes the placental barrier. As a result, the baby can have troubles with breathing and feeding and will need an antidote.

## Endorphines

Hormones excreted during physical exertion and a natural painkiller for the birthing woman and her baby. These require undisturbed and safe birthing conditions (see: Adrenalin).

## Birth induction

Means artificial induction of contractions. This is usually achieved using a synthetic hormone called oxytocin. Birth induction should be undertaken for specific medical indications, such as symptomatic post-term pregnancy, pre-eclampsia or fetal distress symptoms. Induction side effects include stronger and more painful contractions, elevated risk of conditions such as fetal hypoxia, postpartum hemorrhage, premature placental separation and cervical lacerations. Furthermore, administration of synthetic oxytocin increases c-section rates.

## **CTG**

Cardiotocography, a diagnostic tool that registers uterine contractions and fetal heartbeat rate using transducers placed on the mother's abdomen. CTG allows the assessment of fetal condition, in particular in reaction to contractions. This diagnostic method is widely used in the final weeks of pregnancy as well as during labour as it has no adverse effects and is painless, but it also results in the need for the mother to remain immobile in bed for at least fifteen minutes at a time. As such, it is sometimes used by the medical staff to enforce traditional birthing position – lying down on the back. Continuous labour monitoring, in particular when performed with the mother lying down, is related to increased risk of complications.

## **Episiotomy**

This procedure is performed in the second stage of labor. The midwife or doctor cuts through skin and muscle near the outlet of the birth canal using special scissors. Routine episiotomy used to be recommended based on conviction that it prevents the vagina from further tearing and excessive stretching as well as reduces the risk of internal organ prolapse and trauma baby's head – but this has been overturned by a series of research projects. An episiotomy is equivalent to II stage vaginal tearing (as it affects vaginal and perineal muscles), while women birthing without one usually have no tearing or minor and rapidly healing lacerations involving the skin or mucous membranes only.

## **Oxytocin**

Is excreted by the pituitary gland and is necessary for the birth to occur. Not only does it initiate labour, but also it is the hormone responsible for orgasms. After the baby is born, oxytocin levels rise rapidly (as long as the mother has access to her baby), which facilitates the expulsion of placenta and establishing breastfeeding. It also causes maternal emotions to take over.

## **Lactation clinic**

Is often affiliated with a maternity hospital. A mother can seek advice there if she needs help with breastfeeding, is unsure if her baby's latch is correct or if she has enough milk.

## **Sonogram**

Ultrasonography lets us see images from inside the body using reflections of ultrasonic beams processed by a computer. This allows the assessment of the uterus and the baby inside, starting from week 6 of the pregnancy. A sonogram can help determine the number of fetuses, assess their weight, condition of the placenta, volume of the amniotic fluid and even detect some congenital disorders. Even though no adverse effects of sonograms on fetal health have been recorded, it should not be performed too frequently without medical justification. Usually, sonograms are recommended in weeks 11-14, 18-22 and 36-37 of the pregnancy.

## **Epidural**

Epidural is a kind of anaesthesia that involves using a needle to place a catheter in the epidural canal of the spine and then administering anaesthetics through that catheter. This is effective starting about 15 minutes post placement. The birthing woman remains conscious, but she does not feel the pain from the belly down. Epidural can be administered once dilation is 3 – 4cm or more. When administered too early, it can result in arrested labour progress. On the other hand, when administered when dilation is 7- 8 cm, it can start working after the baby is born or the efficiency can peak during the pushing stage, which can have adverse effect on birth progress. This kind of anaesthesia is also suitable for c-section if necessary. Epidural can prolong the duration of labour.

# **Helpful contact information**

**Emergency ambulance service:**

999 – this is the number of emergency ambulance service in Poland. You can get more contact details from your local health centre. In Poland, one only calls emergency ambulance service in true emergency situations, and the patient has to pay for unjustified calls.

**Patient's Ombudsman affiliated with the National Health Fund**

This is an institution that can provide help and assistance in cases abuse of patients' rights. The Ombudsmen operate in most major cities.

Warszawa - ul. Grójecka 186, 02-390 Warszawa

tel. +48 (022) 572 61 55

Fundacja Rodzić po Ludzku (Childbirth with Dignity Foundation)

ul. Nowolipie 13/15

00-150 Warszawa

(22) 887 78 76, 77, 78

[www.rodzicpoludzku.pl](http://www.rodzicpoludzku.pl)

**Migration Careline**

(provides information related to legalization of stay and formalities after the birth)

Fundacja Polskie Forum Migracyjne (Polish Migration Forum Foundation)

[www.forummigracyjne.org](http://www.forummigracyjne.org)

## **Find these contact details yourself:**

**Your hospital:**

**Name.....**

**Address.....**

**Phone number.....**

**Your doctor:**

**Name, surname.....**

**Health centre name.....**

**Health centre address.....**

**Phone number.....**



[www.forummigracyjne.org](http://www.forummigracyjne.org)  
[www.rodzicpoludzku.pl](http://www.rodzicpoludzku.pl)



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