

# Concrete midwifery

Student midwife Paulina Sporek discusses the state of midwifery in Poland.

Following the devastation of the Second World War, the birth rate in Poland rose at a rapid rate. Between 1946 and 1995, the Polish population increased by 63% (Główny Urząd Statystyczny, 2012). This post-war baby boom reached its peak in the mid 1950s (Główny Urząd Statystyczny, 2012). This baby boom occurred simultaneously with the trend towards hospital births rather than home births. Statistics show that in 1956, 43% of Polish women gave birth in the hospital, in the 1980s, this figure reached almost 100% (Szwed, 2014).

Another baby boom in the 1970s and 80s coincided with totalitarianism on Polish labour wards. Maternity wards became like factories producing children with midwives working on the assembly line. In birth, the woman was expected to allow the 'experts' to take over and not interfere. Childbirth, which once was a manifestation of femininity had become a passive object of medical activity.

In 1994, childbirth suddenly became the centre of public and political debate. The newspapers printed testimonies of women who broke their silence showing the violent face of Polish health care. Women spoke of humiliating procedures and a lack of empathy by medical personnel including midwives. As a result, new standards of perinatal care and birth were introduced allowing family to be present at births, skin-to-skin contact, baths in the delivery room and anaesthesia. These new standards also ensured the right to give birth at home, the right to move freely during labour and access to non-pharmacological methods of pain relief, breastfeeding support and the right to at least four visits by the community midwife when the mother and baby have returned home (Ministerstwo Zdrowia, 2012).

These rights seemed so positive for ensuring better care for women. However, less than 2 years after the introduction of the new regulation by the Minister of Health, the Childbirth Dignified Way Foundation conducted a study to monitor

the implementation of the legislation in hospitals shows something quite different (Baranowska et al, 2014). The report found routine episiotomy, amniotomy, the inability to move freely, the inability to eat and drink in labour misinformation, objectification of women in childbirth and lack of continuity of care (Baranowska et al, 2014).

One woman said:

***'No one ever asked me about perineal shaving, which was performed in presence of three doctors and several midwives. Stay at the hospital ended well because my child is healthy. Today, I do not remember the pain after caesarean, but I do remember the feeling of fear, insecurity and humiliation.'***

Baranowska et al (2014) found that 1 in 10 women described her experience in the delivery room as an extremely humiliating and traumatic event. There is no evidence base around perineal shaving and enema; however, in Poland 78% of women giving birth were subjected to at least one of them. Similarly, nearly 80% of women were given an episiotomy unnecessarily.

Moreover, the survey results show that most of the staff in the hospitals see the regulation as an unnecessary document, giving a woman too high competence.

One health professional said:

***'I don't believe that the patient is so educated that it can come up with its own birth plan.'***

Overloaded with responsibilities, staff believe adhering to 'standards' entails additional work, which they do not have enough time to implement. Regulation is not enough. An action plan addressed to the management and staff of obstetric and neonatal teams is needed (Krakowska, 2013). It is also necessary to conduct an education campaign among staff and

women—informing them about the new regulation. Without knowing about the existence of the new standards, women are unable to enforce their rights and remain passive. Staff, in turn, deprived of adequate training do not apply recommendations, because they simply do not have the skills to do so.

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Paulina Ewa Sporek, student midwife at the University of Salford, won student midwife of the year at the BJM Midwifery Practice Awards 2014 because of her development of the innovative project, Deaf Nest. Deaf Nest encourages positive experiences for mothers and families with hearing difficulties. The project provides clear guidance, visual aids and information on all stages of pregnancy in British Sign Language.