

# ASSESSMENT OF THE COURSE OF PATRONAGE VISITS BY MIDWIVES – REALITY OR FICTION?

## OCENA PRZEBIEGU WIZYT PATRONAŻOWYCH REALIZOWANYCH PRZEZ POŁOŻNE – RZECZYWISTOŚĆ CZY FIKCJA?

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### ABSTRACT

**Introduction.** The population of Poland is ageing. 5 newborns are born for every 10 000 citizens. The number of childbirths out of wedlock, the age of women bearing their first child and the number of dissolved marriages keep growing which entails economic, emotional as well as living and health problems.

**Aim.** An attempt to assess the course of patronage visits by midwives to women after delivery.

**Material and methods.** 375 women: 233 who gave birth not later than a year ago (Group A) and 142 who gave birth earlier than a year ago (Group B). A questionnaire of the authors' own design was used.

**Results.** Statistically significant differences between Group A and Group B appeared, among others, where respondents were asked to fill in a declaration of the selection of a midwife ( $p < 0.014$ ), the number of offspring ( $p < 0.00$ ), the number of patronage visits ( $p < 0.030$ ), exhaustive answers to questions asked during a visit ( $p < 0.044$ ) and care of a newborn in the case of the measurement of the head and chest circumference ( $p < 0.006$ ), control of the size of fontanelles ( $p < 0.028$ ) and care of a newborn's umbilicus ( $p < 0.002$ ). A significant difference was also recorded in assessment of the midwife's readiness to give assistance in case of reported problems or queries ( $p < 0.001$ ).

**Conclusions.** 1. The puerpera and her child are not ensured continuous and professional care after delivery in her place of residence.

2. Care of the puerpera and her child does not comply with the Decree of the Minister of Health of 20 September on standards of the medical procedure on rendering health services in the field of perinatal care of a woman during physiological pregnancy, physiological labour as well as care of a newborn.

3. Women should be encouraged to make use of the community midwife's assistance while community midwives should be educated on the criteria of conducting patronage visits.

4. It is advisable to inform women about the aim of patronage visits by midwives, their number and services to be provided by a midwife during a patronage visit.

KEYWORDS: puerpera, community midwife, patronage visit

### STRESZCZENIE

**Wstęp.** Polskie społeczeństwo „starzeje się”. Na każde 10 000 obywateli przybywa 5 noworodków. Wzrasta liczba urodzeń poza-mażeńskich, wiek kobiet rodzących pierwsze dziecko oraz liczba rozpadających się małżeństw, co wiąże się z problemami ekonomicznymi, emocjonalnymi, a także bytowymi i zdrowotnymi.

**Cel.** Próba oceny przebiegu wizyty patronażowej realizowanych przez położne u kobiet po porodzie.

**Materiał i metody.** 375 kobiet: 233, u których czas od ostatniego porodu nie był dłuższy niż rok (grupa A) oraz 142, u których czas ten był dłuższy niż rok (grupa B). Wykorzystano autorski kwestionariusz ankiety.

**Wyniki.** Istotne statystycznie różnice między Grupami A i B wystąpiły między innymi w przypadku wypełnienia przez ankietowane deklaracji wyboru położnej ( $p < 0,014$ ), liczby posiadanego potomstwa ( $p < 0,00$ ), liczby wizyt patronażowych ( $p < 0,030$ ), wyczerpujących odpowiedzi na pytania podczas wizyty ( $p < 0,044$ ) oraz w zakresie opieki nad noworodkiem w przypadku pomiaru obwodu głowy i klatki piersiowej ( $p < 0,006$ ), skontrolovaniu wielkości ciemiączek ( $p < 0,028$ ) i pielęgnacji pępka noworodka ( $p < 0,002$ ). Istotna różnica wystąpiła również w ocenie gotowości położnej do udzielenia pomocy w przypadku zgłaszanych problemów lub wątpliwości ( $p < 0,001$ ).

**Wnioski.** 1. Położnicy i jej dziecku nie jest zapewniana ciągła i profesjonalna opieka po porodzie w miejscu ich zamieszkania.

2. Opieka nad położnicą i dzieckiem nie przebiega zgodnie z Rozporządzeniem Ministra Zdrowia z dnia 20 września 2012 r. w sprawie standardów postępowania medycznego przy udzielaniu świadczeń zdrowotnych z zakresu opieki okołoporodowej sprawowanej nad kobietą w okresie fizjologicznej ciąży, fizjologicznego porodu, połogu oraz opieki nad noworodkiem.

3. Należy zachęcać kobiety do korzystania z pomocy położnej środowiskowej, a także edukować położne środowiskowe w zakresie kryteriów przeprowadzania wizyty patronażowej.

4. Wskazane jest udzielanie informacji kobietom o celu wizyt patronażowych położnej, ich liczby oraz niezbędnych czynnościach, które położna powinna wykonać podczas wizyty patronażowej.

SŁOWA KLUCZOWE: położna, położna środowiskowa, wizyty patronażowe

## Introduction

A visit is a health service, rendered by all medical professionals, with the exception of doctors and dentists, within ambulatory care. A patronage visit is a visit to a patient's home [1]. The aims of a midwife's visit paid to a woman after childbirth and her child/children are: to monitor the withdrawal of pregnancy-related changes in a puerpera, to teach her self-observation and hygiene in the course of puerperium, to provide her with information on disquieting puerperium-related symptoms as well as a possibility to seek assistance in case of their development, to support, promote, teach or assist breast feeding, to warn a woman and her relatives of a possibility to appear varied emotional reactions in this period, to monitor the development of a newborn, to help/teach care of a newborn as well as providing information on abnormal symptoms which can develop in a newborn and possibilities of seeking assistance [2,3,4].

The most important aim of the community midwife's work is to ensure a patient a secure passage through the period of puerperium and healthy, undisturbed development of a newborn as well as holistic care of the latter [5].

## Aim

The aims of the study were: to assess the course of a patronage visit by midwives, to check validity of postnatal care of a patient and her child in the home environment, to determine causes of absence of the community midwife's visit, to assess the level of satisfaction with the course of a patronage visit and the actions of a midwife during such a visit, to observe differences which have appeared in postnatal care of a patient and her child since the Decree of the Minister of Health of 12 September 2012 on standards of medical procedure in rendering health services in the field of perinatal care of a woman in the period of physiological pregnancy, physiological labour, puerperium and care of a newborn came into force.

## Material and methods

The study included 375 women who were divided into two study groups. Group 1 included 233 respondents, mean age 29.22 years (median 29; SD  $\pm$  4.48). Group 2 consisted of 142 women, mean age 29.9 years (median 30; SD  $\pm$  4.58). Almost 85% of the respondents in both Group 1 and Group 2 were married, none of the 375 respondents was a widow. Detailed results can be found in **Table 1**.

**Table 1.** Characteristics of the study group

Feature studied	Characteristics of the feature studied	Group 1	Group 2
Marital status	Single	32	17
	Married	197	122
	Divorced	4	3
Place of residence	Village	52	27
	Town – up to 10 000 inhabitants	15	8
	Town – 10 000 to 100 000 inhabitants	44	31
	Town – 100 000 to 500 000 inhabitants	36	22
	Town – over 500 000 inhabitants	86	54
Place of residence – voivodeship	Mazowieckie	57	45
	Łódzkie	25	14
	Śląskie	17	13
	Wielkopolskie	25	11
	Dolnośląskie	17	9
	Podkarpackie	5	3
	Pomorskie	13	8
	Małopolskie	23	9
	Kujawsko-pomorskie	8	10
	Zachodniopomorskie	10	7
	Świętokrzyskie	8	2
	Lubuskie	3	4
	Podlaskie	6	3
	Warmińsko-mazurskie	6	2
	Lubelskie	6	2
Opolskie	4	0	
Education	Basic	2	0
	Vocational	5	3
	Medium-level	41	38
	Higher	185	101
Children	1	149	116
	2	76	24
	3	6	1
	4	2	1
Way of delivery	Natural delivery	144	79
	Caesarean section	84	61
	Instrumental delivery	5	2

Source: authors' study

The study was carried out between 30 January and 18 March 2013 by means of a questionnaire of our own design. Participation in the study was voluntary and anonymous. The questionnaire was sent electronically. The questionnaire contained 18 questions, including 3 open questions and 15 closed questions (questions related-to demographics were left out). In the case of respondents who did not have a patronage visit, the questionnaire ended with Question 9. Statsoft STATISTICA

9.0 was used for statistical analysis. Due to the character of the analysed data (qualitative, nonparametric data), which did not have a normal distribution –  $p > 0.05$  – analysed with Shapiro-Wilk Test, the nonparametric Mann-Whitney U Test was used for statistical analysis of the obtained results. The level of statistical significance of  $p < 0.05$  was adopted as statistically significant.

## Results

The research carried out revealed that almost 60% of Group 1 respondents completed a declaration of the choice of a midwife while in Group 2 this was done by less than half of the women. The same percentage of women in the two groups did not choose a midwife. The difference between the study groups was statistically significant ( $p < 0.014$ ). Detailed data can be found in **Table 2**.

**Table 2.** Answers given by the respondents to questions about patronage visits

No.	QUESTION	ANSWER	GROUP 1 (%)	GROUP 2 (%)	P
1	Did you fill in a midwife-choice declaration?	Yes	57.51%	47.18%	<0,014
		No	33.91%	34.51%	
		I do not remember	8.58%	18.31%	
2	Did you contact a midwife when you were pregnant?	Yes	23.18%	19.72%	NS
		No	76.82%	80.28%	
3	How do you assess the course of the visit on the scale from 1 to 5?	1 – means lack of satisfaction	4.27%	8.87%	NS
		2	7.11%	10.48%	
		3	17.06%	16.94%	
		4	33.17%	29.84%	
		5 – the visit pass without reservations	38.39%	33.87%	
4	Do you see any point in such visits?	Yes	74.68%	68.31%	NS
		No	11.14%	14.08%	
		I do not remember	5.58%	5.63%	

Source: authors' study

In Group 1, 20 out of the 233 respondents did not receive any patronage visit by a midwife after delivery while in Group 2 – 17 out of 142. Asked about the causes of the absence of the community midwife's visit, the respondents often replied: '*I don't know*', '*I didn't want*', '*the child was born preterm and after I left the hospital it was too late for a visit*', '*a midwife's vacation*', '*a midwife suggested a visit to an outpatient clinic*', '*nobody informed me about the need to register the baby in an outpatient clinic*'. From among 375 women merely 45% believed that a patronage visit by a midwife could be of any assistance.

For approximately 25% of women from Group 1 and 35% of women from Group 2, the first patronage visit by a midwife was also the last one. A considerable majority of the respondents reported a few visits. The number of visits varied and ranged from 2 to 10. Asked why there was only one visit, the respondents answered,

among others, '*I don't know*', '*a midwife did not come the second time, did not suggest another visit*', '*I refused further visits*', '*I asked for a visit to an outpatient clinic*' (**Table 3**).

**Table 3.** Information about the midwife's visit obtained from respondents

No.	QUESTION	ANSWER	GROUP 1 (%)	GROUP 2 (%)	P
1	When (after return from hospital) did the visit take place?	1–2 days	28.51%	19.20%	NS
		3–4 days	32.24%	40.80%	
		5–6 days	9.81%	19.20%	
		A week	11.68%	9.60%	
		Over a week	17.76%	11.20%	
2	Did the midwife advise you on the visit?	Yes	77.52%	71.13%	NS
		No	22.48%	16.90%	
3	Was it a one-time visit?	Yes	23.47%	35.20%	$p < 0.03$
		No	76.53%	64.80%	
4	How long do you feel the visit was?	Too long	4%	5.63%	NS
		Long enough	84.62%	71.83%	
		Too short	11.38%	10.56%	

Source: authors' study

The tables below present the actions performed by the midwife with respect to women after childbirth and care of a newborn (**Tables 4 and 5**).

Only one woman in Group 1 and two in Group 2 did not provide an answer when asked whether the midwife had given exhaustive answers to all questions asked during the visit. The difference between the study groups was statistically significant ( $p < 0.044$ ) (**Table 4**).

**Table 4.** Answers given by respondents to questions about actions performed by the midwife as part of postnatal care

No.	QUESTION	ANSWER	GROUP 1	GROUP 2	P
1	She asked how I felt	Yes	193	113	NS
		No	11	5	
		I do not remember	6	5	
2	She checked how the wound after caesarean section/episiotomy was healing	Yes	124	80	NS
		No	85	39	
		I do not remember	1	1	
3	She checked puerperal bleeding	Yes	70	37	NS
		No	133	82	
		I do not remember	3	4	
4	She examined the height of the uterine fundus	Yes	57	29	NS
		No	143	87	
		I do not remember	7	8	
5	She took arterial blood pressure and pulse	Yes	31	21	NS
		No	167	96	
		I do not remember	2	3	
6	She witnessed the newborn's feeding and promoted breast feeding	Yes	126	67	NS
		No	81	52	
		I do not remember	2	5	
7	She examined nipples	Yes	119	59	NS
		No	90	62	
		I do not remember	1	3	

8	She assessed the correctness of the feeding process	Yes	107	58	NS
		No	96	58	
		I do not remember	4	8	
9	She informed about signs of return of fertility after childbirth and possibilities of delaying it	Yes	30	24	NS
		No	161	93	
		I do not remember	14	7	
10	She told me about the course of the puerperium, possible complications and appropriate hygiene	Yes	90	55	NS
		No	102	60	
		I do not remember	14	8	
11	She gave exhaustive answers to all your questions	Yes	167	85	p<0.044
		No	35	28	
		I do not remember	10	10	
12	She left contact information in case of questions or problems	Yes	185	104	NS
		No	24	13	
		I do not remember	2	6	

Source: authors' study

The midwife measured the chest and head circumference of the newborn in case of 17% of women in Group 1 (9 respondents did not give an answer) and 34% of women in Group 2 (5 respondents did not give an answer). The difference between the study groups was statistically significant ( $p < 0.0065$ ). In Group 1, a prevailing majority of women (among the 210 who answered the question) indicated the answer that the midwife showed them how to take care of a newborn's umbilicus. In Group 2, the same answer was given by a smaller number of respondents (among the 123 who answered the question). The difference between the study groups was statistically significant ( $p < 0.0025$ ) (Table 5).

**Table 5.** Respondents' answers to questions about actions performed by the midwife on the newborn

No.	QUESTION	ANSWERS	GROUP 1	GROUP 2	P
1	Did she measure the child's weight and length?	Yes	52	34	NS
		No	152	85	
		I do not remember	1	4	
2	She measured the circumference of the head and the chest	Yes	41	49	p<0.0065
		No	186	86	
		I do not remember	2,45	5	
3	She spoke about normal/abnormal child development (assessment of reflexes)	Yes	120	73	NS
		No	81	39	
		I do not remember	9	11	
4	She checked how the newborn's umbilicus is healing.	Yes	209	121	NS
		No	4	2	
		I do not remember	0	1	

5	She told/showed me how to take care of a newborn's umbilicus	Yes	195	101	p<0.0025
		No	13	18	
		I do not remember	2	4	
6	She checked the size of fontanelles	Yes	104	78	p<0.0289
		No	73	32	
		I do not remember	29	13	
7	She measured the bilirubin concentration (threat of jaundice)	Yes	19	15	NS
		No	183	99	
		I do not remember	3	8	
8	She assessed the reaction to sounds	Yes	43	29	NS
		No	147	72	
		I do not remember	14	23	
9	She showed/ gave information how to properly bathe a newborn	Yes	99	52	NS
		No	101	57	
		I do not remember	9	12	
10	She provided information about vaccinations	Yes	146	81	NS
		No	60	33	
		I do not remember	7	11	
11	She provided information about getting a childbirth-related allowance as well as other legal issues, such as the length of the maternity leave	Yes	44	21	NS
		No	158	91	
		I do not remember	7	11	

Source: authors' study

## Discussion

In 2011, a study was carried out on 59 women after childbirth to assess their knowledge of the puerperium. The study revealed insufficient knowledge of the subject and great need for promoting health education with respect to the puerperium period after childbirth which should be tailored to the individual patient's needs [6]. Our own research confirmed the above findings as women in both Group 1 and Group 2 expressed a desire to expand their knowledge in this respect.

According to the Supreme Control Council report, in 2009 in Zielona Góra the midwife did not pay a single patronage visit to any woman and in the first half of 2010 the midwife visited every fifth woman out of 49. In over 60% of women the first visit was paid after the time provided by the Minister's Decree. In 26% of cases no action was performed to provide health education to a patient. During none of the visits was the child's weight or body length measured. In 2009 the midwife performed on average 1.8 visit while in the first half of 2010 – 0.8 of a visit [7]. In 2008, in the Łódzkie voivodeship, 103 inspections were made of units responsible for providing care to the woman and the child. The inspection body accused midwives of failure to keep proper documentation, failure to inform patients what health services they were entitled to, absence of information on the exact number of women under obstetric

care. In addition, it turned out that midwives did not provide comprehensive care to registered women and did not record what services they rendered [8]. The Katowice Office of the Supreme Control Council conducted in 2011 several inspections of units rendering primary health care services disclosing in every unit negligence in the work of community midwives [9, 10, 11, 12, 13]. In the Śląskie voivodeship the mean number of patronage visits to one newborn was 3.7 in 2009 and 3.5 in the first half of 2010 [9]. In 2009 only 10.6% of women met with the midwife before delivery while in the first half of 2010 this number increased to some 2% [9]. In the Śląskie voivodeship, 22% of women covered with care did not recall the circumstances of making a declaration about the choice of a community-family midwife while 35% did not know where the practice was and how to contact it. 63% of women did not make use of such services even once [9].

In Chybie, a questionnaire survey conducted among women who received a patronage visit revealed that 67% of women covered with obstetric primary health care knew where the practice was and how to contact it. As many as 96% of women did not have any problems with making an appointment and all the respondents positively assessed the quality of services rendered as well as their availability (minimum satisfactory assessment) [10]. In the case of 82% of respondents the first patronage visit was paid 48 hours after releasing the mother and the child from hospital. Every woman received minimum 2-3 visits [10]. In 2009, the midwife paid 891 patronage visits, on average 5.7 visits per 1 newborn while in the first half of 2010 5.4 against 546 visits paid. Every mother and every newborn were visited within 48 hours from hospital discharge [10]. In 2009 the community midwife paid 207 visits within the framework of prenatal education while in the first half of 2010 – 79 [10]. Questionnaire surveys showed that 97% of women assessed positively (at least as satisfactory) the quality of services rendered during the visits. All women who gave birth to a child and were visited by the community midwife were satisfied with the service which lived up to their expectations and found the midwife's assistance sufficient. They received satisfying information on the course of the puerperium and on the care of the newborn [10].

The Supreme Control Council assessed the patronage visits conducted in Koszęcin. 95% of women who were paid such a visit by the midwife knew her address and telephone number. In 65% of cases, the midwife paid at least 4 patronage visits while in the remaining cases 2-3 visits. The first visit to the puerpera and the newborn was paid, in 75% of cases, within 48 hours from hospital discharge. 15% of the visits took place later, which was not the midwife's fault. On average, in

2009 and in the first half of 2010, the midwife paid 4.6 visits to every newborn [11]. All the patients being under midwife's care underlined absence of problems with making an appointment and 50% assessed positively the quality and accessibility of care rendered. 57% of the respondents knew the address and the telephone number of the midwife [11]. In Łędziny, after an inspection by the Supreme Control Council it turned out that 67% of women under the midwife's care did not make use of her services. 35% of all the respondents did not know where the community midwife's practice was or how to contact her. Yet, all of them gave a positive answer (at least satisfactory) when asked about the quality and accessibility of services provided by the midwife [12]. 288 patronage visits were paid in 2009 and 219 in the first half of 2010. On average, the community midwife paid 2.0 and 2.7 visits, respectively. The analysis of documentation selected by the Supreme Control Council revealed that in a group of 28 newborns 7 were visited by the midwife at least 4 times, 12 – only once, 8 – two times and 1 – three times [12]. All the respondents studied assessed the quality of services provided during patronage visits as good or very good [12]. The inspection by the Supreme Control Council in Sosnowice disclosed that everybody knew where the midwife received patients and her telephone number as well as positively assessed the quality of her home visits [13]. In 2009 the community midwife visited the newborn and the puerpera on average 3.2 times (against 285 visits totally) while in the first half of 2010 – 3.9 (against 153 visits totally). All the patronage visits took place within 48 hours from hospital discharge of the mother and the newborn. 14 randomly selected documentations of patronage visits in 2010 showed that the midwife visited 10 newborns four times and the remaining ones three times [13]. Within the framework of prenatal education, the midwife paid 37 visits in 2009 and 24 in the first half of 2010 [13].

The report of the national consultant of 2007 revealed that in Poland as a whole only 84% not 100% of women were covered with postpartum care provided by community midwives. The declaration of being covered by midwife's care was signed by the largest number of women in the Mazursko-Kujawskie voivodeship (98.5%), followed by the Warmińsko-Mazurskie (92.75%), Lubelskie voivodeships (91.37%). The lowest figures were reported in the Świętokrzyskie voivodeship (28%) and Opolskie voivodeship (50%) [14]. In 2009, Zielińska carried out a study on 55 women. Its results showed that 65% of the respondents knew how to contact the community midwife [15].

Our own study showed that prior to coming into force of the new Decree, patronage visits were, on av-

erage, less common – in Group 2 – 2.7 while in Group 1 – 3. In Group 1 the declaration concerning the choice of a midwife was filled in by over 60% of women while in Group 2 less than 50%. In both groups, respondents assessed the quality of the services rendered as well as the organization of the visit positively (at least as sufficient). In both groups, the women knew how to get in touch with the midwife (90% in Group 1 and about 85% in Group 2).

## Conclusions

1. The puerpera and her child are not ensured continuous and professional care after delivery in their place of residence.
2. Care of the puerpera and her child does not comply with the provisions of the Decree of the Minister of Health of 20 September on standards of the medical procedure in rendering health care services in the field of perinatal care over a woman during physiological pregnancy, physiological labour as well as care of the newborn.
3. Women should be encouraged to make use of community midwife's assistance while community midwives should be educated on the criteria of conducting patronage visits.
4. It is advisable to inform women about the aim of the patronage visits by midwives, their number and services to be provided by a midwife during a patronage visit.

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