

Chapter 1

Care of a newborn from a neglected pregnancy – a case report

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Abstract

Prenatal neglect is a hidden form of violence in which a pregnant woman intentionally, or through negligence, exposes her child to the risk of loss of life or health.

The aim of this study is to present the specifics of caring for a newborn from a neglected pregnancy.

The research method used in this study is the analysis of an individual case based on the nursing process and a literature review. The following nursing diagnoses were made: risk of overheating and dehydration of the newborn, nappy rash, disturbances in the process of building emotional bonds between parents and the newborn, lack of willingness to start breastfeeding, inappropriate

positioning of the newborn, and the risk of lowering the newborn's immunity during and after antibiotic therapy initiated due to increased CRP levels.

Many scientific articles similarly address care problems, but the specifics of caring for such a newborn are omitted.

Key words: neglected pregnancy, newborn, family

Introduction

Pregnancy is a unique period during which numerous changes occur in a woman's body, including changes in nutrient demand. The health of the developing foetus and the pregnant woman is largely dependent on the diet used during this unique period of their lives. Constant failure to meet basic nutritional needs supplied by food and to properly select supplementation increases the risk of abnormal pregnancy, placental insufficiency, premature birth and foetal development defects. A balanced, varied diet supplemented with selected vitamins and minerals should form the basis of a pregnant woman's nutrition for the proper development of the foetus and the health of the mother [1].

Article 68 of the Constitution of the Republic of Poland provides special healthcare information for children and women throughout pregnancy and six weeks after childbirth. This means that all follow-up visits to a gynaecologist, during pregnancy and the postpartum period, laboratory tests and ultrasound tests, antenatal education and patronage visits, as well as additional procedures performed for the good of the mother and child standardised by the Organizational Standard of Perinatal Care, are free of charge.

Preconception care is crucial to ensure optimal pregnancy development. Its foundation is prevention because the most effective medical action is disease prevention. An important element of preconception care is education and counselling, especially regarding the use of drugs that have a significant impact on the health of the offspring. Building women's awareness of behaviours affecting the course of pregnancy encourages them to change their health habits, which results in reducing the occurrence of congenital defects and complications of premature birth, which are the two main causes of death in children in the first year of life [2].

The first moments together, the parents' positive approach to the new family member, and the way they enter a previously unknown stage of life favour the development of the parent–child bond. The first days after birth are a specific period in which both the mother and father strengthen their new roles, and the newborn learns to live outside the mother's womb. During this time, the child experiences a need for closeness, which the woman intuitively wants to provide. Closeness is a key element of parenting. Sensitivity to the newborn's messages teaches the parent how to read and properly respond to the newborn's current needs. Over time, learning about and communicating mutual needs and how to meet them efficiently becomes easier.

Family plays a special role in human life. It is responsible for shaping the characteristics of the individual that will allow him/her to function in the surrounding reality. A family that functions properly is the most beneficial environment for a child's development. Experiences passed down in the family fundamentally influence the course of human development, reflected in the quality of their future. Experiences in the family home and emotional connections with parents during childhood play an important role in modelling attitudes towards one's own family and functioning in society [3].

The functioning of many families depends on the problems they encounter in everyday life. They contribute to maintaining order and harmony within the range of proper functioning. Disorders may manifest themselves on both sides, both in children and parents. A defect in the functioning of the family may appear at the level of emotional bonds, interpersonal communication, and value systems that determine the family's behaviour at home and in the external environment. The transient nature of the disorders usually does not result in serious consequences. A well analysed situation and insight into existing disorders can be a lesson in coping with difficult circumstances and successfully overcoming them. The basis for the development of pathology begins when disorders in the functioning of the family occur regularly. The moment dysfunctions and pathologies in the family take control, they become a real threat to the family community and, in particular, to the offspring raised within

it. They disturb the proper formation of ethical values and the behavioural model of children. Pathologies are often the result of abuse or addiction, the consequences of which are aggressive reactions of parents, which result in the patterns observed being reinforced in children as correct, often repeated by them in adulthood. Children are a particularly vulnerable group in the population that is sensitive to stressful and traumatic experiences that arouse a sense of threat and emotional rejection, such as living in a dysfunctional family. The consequences of growing up in this specific environment are the likelihood of psychophysical, behavioural, and socialisation disorders resulting from experiences that exceed the child's remedial and adaptive abilities [3].

Every year, due to parents' addictions, helplessness in matters of care and upbringing, socioeconomic conditions, limited proper and dignified development, parental authority is taken away from parents or partially limited, and children are placed in foster care. Statistics Poland claims that "at the end of 2020, 71.5 thousand children deprived entirely or partly of their own family, were staying in foster care, of which 55.5 thousand children in family foster care and 16.0 thousand children in institutional foster care. [...] 8376 children were admitted for the first time in family foster care in 2020" [4, p. 1].

The aim of this study is to present the specifics of caring for a newborn from a neglected pregnancy, ending with a home birth without medical assistance. The diagnostic and treatment process is discussed, including potential complications resulting from the lack of medical care during pregnancy and childbirth, as well as from an unstable family situation.

A case report

The research method used in this study is the analysis of an individual case, in which the patient is understood as a bio-psycho-social entity. It is based on the analysis of literature and the nursing process, which consists of the following factors: assessment of health status and making a nursing diagnosis, planning of nursing, implementation of the care plan and assessment of nursing results. Using this multi-stage approach effectively increases the chances of taking the most beneficial actions for the patient,

thus providing them with holistic care, which results in achieving the intended evaluations.

A male newborn with C IV, P IV was born naturally in the 40th (?) week of pregnancy. The pregnancy was neglected, and not covered by medical care. The newborn was born weighing 3,200 g and measuring 56 cm. The birth took place at home without medical assistance or intervention.

Family history: MW's mother, 33 years old, no profession, good health, blood group A RhD- (negative). Father – unknown. The woman declared that she does not smoke tobacco products and does not consume alcohol. She does not mention any diseases in her family. The general living conditions are unsatisfactory. During the interview, information was obtained about the condition of the apartment, which required general renovation. The biggest difficulty was the lack of a bathroom. The mother confessed that the neglect of the last and previous pregnancies, as well as the decision to give birth at home, resulted from pressure and intimidation by her partner. The man hid the woman at home throughout her pregnancy and forbade her to have contact with her family, midwife, or doctor, as well as representatives of the Social Welfare Centre and the District Family Help Centre. The woman does not maintain contact with any of her previous children. The first child is being raised by the biological father. The two younger siblings were placed in a Family Children's Home by the decision of the court, and the parents were deprived of their parental rights.

Nursing diagnosis

Nursing diagnosis 1:

the risk of overheating and dehydration of the newborn caused by phototherapy

Purpose of care:

minimising the risk of overheating and dehydration of the newborn resulting from the phototherapy process.

Nursing intervention plan:

- maintaining the appropriate distance between the light source and the child's skin surface;

- controlling exposure power;
- undressing the newborn;
- providing eye protection;
- patient observation;
- weight control;
- body temperature monitoring;
- assessment of urine output;
- monitoring vital signs;
- controlling the volume of food intake;
- frequent feeding of the patient.

Justification for implementing nursing interventions:

the most frequently used, and effective method in the treatment of hyperbilirubinemia in newborns, is phototherapy using fibre-optic lamps. It uses white or blue light waves to convert bilirubin into its non-toxic, water-soluble derivatives, which are then excreted from the body along with bile and urine. This method is safe. It is recommended that it be carried out without separating the mother and child in the “rooming-in” system, maintaining continuity, taking into account breaks for feeding and care activities. When using phototherapy, the newborn’s body temperature, hydration level, urine output, and body weight should be monitored. In order to reduce the risk of overheating and excessive water loss, the newborn’s body temperature is monitored at least every four hours. Dehydration in children is reflected in their appearance and behaviour, which is why visual assessment is so important. Patients often lose their appetite, are apathetic, have reduced muscle tone, and slow reactions to external stimuli. The skin and mucous membranes in the newborn’s mouth are dry and the fontanelles are concave. Excessive water loss reduces urine output, which allows for the assessment of the ability to excrete the product of bilirubin metabolism. The colour of urine darkens as bilirubin excretion increases, allowing the effectiveness of treatment to be assessed. Proper nutrition of the newborn and control of the volume of food consumed, as well as the frequency of feedings allow us to determine the patient’s hydration status. Maintaining breast milk feeding is recommended [5].

Evaluation of care outcomes and nursing interventions undertaken: procedures have been implemented to minimise the occurrence of overheating and dehydration. The homeostasis of the patient's body was not disturbed.

Nursing diagnosis 2:

nappy rash in the buttocks area resulting from inadequate hygiene caused by the mother's lack of knowledge about it

Purpose of care:

improving the condition of the skin around the buttocks and equipping the mother with knowledge about proper hygiene of the child's skin.

Nursing intervention plan:

- assessment of the newborn's skin condition;
- maintaining proper hygiene in the buttocks area;
- frequent nappy changes;
- airing the buttocks;
- use of protective ointments;
- encouraging the mother to breastfeed;
- mother's education in buttock skin care;
- providing instructions on proper hygiene in the buttocks area;
- recommendation to use delicate cotton pads or wipes soaked in water to care for inflamed skin;
- drawing attention to the need for regular care.

Justification for implementing nursing interventions:

the newborn's skin is an important element in the process of adaptation to extrauterine life. As one of the main sense organs, it serves many functions. It protects internal organs, provides a barrier against infections, and participates in thermoregulation of the body. Appropriate attention to hygiene and skincare is one of the important determinants of proper child care. The buttocks area is particularly susceptible to irritation and damage resulting from the irritating effects of urine and stool. Nappy rash is one of the most common skin lesions in newborns and infants. It is usually located on the anus, perineum, and buttocks; and less frequently on the inguinal folds, thighs, and lower parts of the abdomen. The lesions

associated with nappy rash are characterised by sharp demarcation from healthy skin, local erythema, erosions, a tendency to ooze serous fluid, and minor bleeding. In situations where the changes are severe, there is a risk of developing bacterial and fungal infections. Factors initiating nappy rash include not changing nappies often enough, overheating, mechanical damage to the skin, irritating effects of nappies, hygiene products and cosmetics used to care for the baby's skin, rubbing of adjacent skin folds, long-term contact with digestive enzymes in stool remnants and ammonia produced as a result of the decomposition of urine by microorganisms, antibiotic therapy and rotavirus infection. Treatment involves proper care and removal of the causes leading to dermatitis. The basic action to prevent irritation is to change nappies every three to four hours, or more often if they are dirty. It is worth putting emphasis on the quality of nappies. As a preventive measure, one can protect the skin with moisturising products which contain lanolin or allantoin. The use of ointments containing zinc is recommended for the treatment of already-existing sores. Using this type of product on healthy skin causes strong adhesion, and irritation and thus provokes symptoms of inflammation. An important aspect of preventing nappy rash is breastfeeding. The urine of children eating natural food has a lower pH and lower activity of faecal proteases. Irritations are less common and are often milder. Parental education is a key element in the prevention and treatment of nappy rash because their knowledge and actions significantly influence the condition of the newborn's skin [6].

Evaluation of care outcomes and nursing interventions undertaken:
the condition of the newborn's skin around the buttocks improved as a result of the measures introduced. The mother has comprehensive knowledge of proper hygiene of the child's skin.

Nursing diagnosis 3:

disturbances in the process of building an emotional bond between parents and their newborn caused by lack of interest in care

Purpose of care:

encouraging parents to actively participate in newborn care. Supporting caregivers in building bonds with their children.

Nursing intervention plan:

- observation of the mother's behaviour towards the child;
- assessment of the process of building a bond between mother and newborn;
- ensuring the possibility of caring for a newborn in the “rooming-in” system;
- mobilising the mother to actively participate in the process of caring for the newborn;
- presenting the importance of touch as an element of building bonds and discussing its impact on the child's development;
- encouraging the mother to massage her newborn regularly and discussing the benefits of doing so;
- encouraging the mother to breastfeed;
- encouraging parents to practise kangaroo care.

Justification for implementing nursing interventions:

a fundamental stage in human development is the first few hours after birth. This is a key element for the proper development and adaptation of the child's body to extrauterine life. The mother's presence at this time is important for the proper colonisation of the newborn's body with maternal bacterial flora, metabolic and neurobehavioural stabilisation of the child, thus providing it with more favourable adaptation conditions. The first contact also means trying to breastfeed, which gives an optimal start to lactation. The course of the early postpartum period affects the mental and emotional state of obstetricians and reduces the risk of postpartum depression. It also allows for the building of proper relationships between the mother and the newborn. Kangaroo care is skin-to-skin contact between mother and baby, which involves placing the newborn on the mother's chest, the main goal of which is to stimulate breastfeeding and create an emotional bond between two people, therefore ensuring that the baby feels safe. During such close contact, the newborn hears the mother's heartbeat, is rocked as her chest rises, is colonised with her bacterial flora, is warmed by her body temperature, and has the opportunity to breathe. The benefits of kangaroo care are mutual. Thanks to this practice, the mother reduces the stress associated with childbirth, creates an emotional

bond with the baby and learns the signals it sends faster, and the secreted oxytocin causes the uterus to contract faster and reduces postpartum bleeding. Massage is a form of building emotional bonds between parents and children through getting to know each other. Children who are massaged by their parents show less irritability, are more rested, cry less, sleep better, have fewer digestive problems, adapt faster to new conditions, and experience fewer postnatal complications and stressful behaviours. Other means of parent-child communication are speaking and singing, because newborns respond well to their parent's voice, known from intrauterine life, which positively affects their development and contact with the surrounding world [7,8].

Evaluation of care outcomes and nursing interventions undertaken: the mother participates in the care of the newborn, but her involvement is not sufficient to provide the child with conditions for proper development.

Nursing diagnosis 4:

lack of willingness to start breastfeeding due to distancing oneself from the newborn caused by the mother's lack of knowledge of the benefits of breastfeeding

Purpose of care:

equipping mothers with knowledge of the benefits of breastfeeding. Encouragement to try natural feeding.

Nursing intervention plan:

- interviewing the mother;
- encouraging the mother to try breastfeeding;
- mother's education on proper latching of the baby to the breast;
- discussion of the composition of breast milk and the beneficial effects of natural feeding on the mother and child;
- presenting the economic benefits of breastfeeding;
- drawing attention to current recommendations regarding breast milk feeding;
- presenting the impact of breastfeeding on building the bond between mother and child;

- encouraging the mother to express milk if she does not accept breast-feeding.

Justification for implementing nursing interventions:

feeding a child with human milk directly from the breast is one of the basic elements of creating a bond between mother and child and a natural way of providing them with nutrients. A woman's food has an optimal composition in terms of quality, quantity and proportion of ingredients, depending on the duration of pregnancy and lactation, as well as the needs and metabolic and digestive capabilities of the newborn. Infant milk is produced up to three to four days after birth, and transitional milk is distinguished from mature milk by a higher protein concentration and lower carbohydrate concentration. The composition of mature milk is finally defined after two to three weeks of active lactation. The foundation of breast milk carbohydrates is lactose. Proteins have building, enzymatic and hormonal functions. They also play a significant role in immune processes, in particular, immunoglobulins, lysozyme, and lactoferrin [9,10].

Oxytocin, prolactin and beta-endorphins play the main role in the lactation process. Prolactin prepares the breasts for milk production, suppresses fear and anxiety, strengthens the mother's sensitivity and helps her identify the child's priority needs, and protecting the child against parental abuse. Artificial feeding may reduce infants' sense of security because it requires less emotional involvement from the mother in caring for the child. Oxytocin reduces the pain and effort associated with childbirth, regulates the rhythm of sleep and wakefulness, reduces the feeling of fear and induces empathetic behaviour in the woman. Natural feeding has a protective effect on low mood and the occurrence of depression during this period. For a child in the early stages of life, breastfeeding is the optimal way to meet his or her needs. It soothes emerging pain and discomfort. Tryptophan and serotonin found in breast milk strengthen the development and functioning of the baby's brain. Hormones and other ingredients contained in the mother's breastmilk, such as melatonin, cholecystokinin and nucleotides, establish the newborn's daily rhythm of wakefulness and sleep. Additional benefits of natural feeding newborns include a significant reduction in the risk of acute otitis media and gastrointestinal

infections. Children who have been breastfed in the past have a lower tendency to develop obesity and type I and II diabetes. Natural feeding is also beneficial for economic reasons. It does not require mixture preparation or financial outlays. It is available anywhere and at any time, meeting the child's need for nutrients and fluids [11,12].

Evaluation of care outcomes and nursing interventions undertaken:
the mother knows the benefits of natural feeding but does not attempt to latch the newborn to the breast. Does not express a desire to express milk. The baby is fed with formula milk.

Nursing diagnosis 5:

risk of psychomotor development disorders and head deformations

Purpose of care:

increased knowledge of the mother in the correct positioning of the newborn and reducing the risk of psychomotor development disorders and head deformations.

Nursing intervention plan:

- mother's education in the correct positioning of the newborn;
- discussion of current recommendations regarding changing the position of the newborn;
- providing instructions on the correct positioning of the newborn;
- encouraging the mother to massage her newborn regularly and discussing the benefits of doing so;
- presenting the risks resulting from inappropriate positioning of the child;
- drawing attention to the structure of the newborn's skull in the context of the risk of head deformation;
- recommendation to consult a physiotherapist after hospitalisation.

Justification for implementing nursing interventions:

the child's motor development requires the proper maturation of individual elements of the body, especially those that influence each other: the musculoskeletal system and the central nervous system, which is responsible for receiving sensory stimuli and developing balance. At the moment of birth, the newborn has little ability to perform anti-gravity movements,

but it has mechanisms ensuring the correct body position, depending on anatomical conditions and tonic reflexes. The tendency to forcibly turn the head to one side is a common phenomenon among newborns and infants. This may be due to torticollis, vision and hearing disorders, or plagiocephaly. The consequences of head position asymmetry may result in asymmetry in the positioning of other body elements and disturbances in weight transfer and muscle tension distribution. Growth and differentiation are the two main processes on which a child's development is based. It is based on the maturation of the central nervous system, which is reflected in the smooth improvement of motor functions and appropriate response to various factors coming from the world around the child. In order to create optimal conditions for the newborn's physiological development, it should be provided with proper care as early as possible to prevent the occurrence of possible psychomotor abnormalities and their further development. The most important aspect of proper care is the need to change the position of the newborn and the side on which it is lifted or carried. Place the baby on its stomach, back and both sides, paying special attention to the sleeping position. As a result of working with the patient, we do not allow for motor development disorders. Actions taken with the newborn should be performed confidently but slowly. They should be perceived positively by the child, without causing fear, body tension, asymmetrical positioning or muscle tension, so that the child can get used to new conditions, have the opportunity to improve the sense of touch and balance, as well as develop the sense of the body in space [13,14].

Evaluation of care outcomes and nursing interventions undertaken:
the mother has knowledge and skills in the correct positioning of the newborn, but the information provided is not used by the woman in practice.

Discussion

Domestic violence is one of the most serious problems in the modern world. It is one of the most critical threats to the family community, as well as its individual members, including unborn children. Neglect is a form of violence against a child, both in the prenatal and postnatal period, which

results in disorders of psycho-physical development. In their article, Sochocka and Komenda-Kołecka [15] define violence as unhealthy behaviour of a pregnant woman, inadequate medical care, failure to breastfeed, improper feeding of the child, harmful treatment of the offspring, as well as deprivation of the need for love. According to Wójcik, the relationship between the occurrence of prenatal violence is related to the level of knowledge about factors that threaten the life and health of unborn children and the woman's bio-psychosocial maturity [16]. Factors that may constitute negligence also include housing conditions, the influence of the intention to become pregnant, marital status and support of the partner and immediate family. This confirms the existence of many variables that determine the occurrence of violence from parents towards their children [15–17].

In his article, Łosik confirms the validity of the actions taken towards the patient described, emphasising the role of educating parents about nappy rash and the importance of providing information on proper hygiene of the nappy area. The most important factors of proper care include keeping the newborn's skin clean and dry, and recommending changing nappies every time they get dirty, but at least every three to four hours. To obtain a better therapeutic effect, it is recommended to air the nappy area at least three times a day for ten minutes [18].

Currently, the idea known as “attachment parenting”, created by the American paediatrician Sears, is being promoted. The basis of attachment parenting is mainly physical contact with the child, especially sensitive touch and breastfeeding, ensuring the newborn creates a safe bond with its parents. According to Trębicka and Zagórska, warm physical contact with the mother, whose smell, tone of voice and heart rhythm the newborn knows from foetal life, or with the father in the form of carrying, rocking, stroking, as well as massage brings peace and calm to the child, relieves pain and fear, thus ensuring a sense of security. Good physical contact with the caregiver has a positive impact on communication skills, physical and emotional development, the health of the developing offspring, as well as social and emotional maturity in the later years of life. Limiting or depriving a child of a close emotional bond with a parent may disturb its proper development. The mother was provided with all this information

so that she could make conscious decisions regarding the form of care for the new family member [19,20].

Breastfeeding is a particularly important factor in the process of building a bond with a newborn. According to Baranowska [9], supporting natural feeding should be considered as a way to prevent harm to children. In her article, she describes activities that reduce child abuse by mothers, such as the use of first skin-to-skin contact or the mother's stay with her child in the "rooming-in" system. Natural feeding supports building a safe bond and helps the child cope with stressful stimuli. This publication highlights the psychological and physiological benefits of breastfeeding for both the newborn and the mother, allowing for the creation of a stronger bond, better understanding of the child's needs and the ability to respond to them, coping with the difficulties of the postpartum period, as well as finding oneself in the role of a mother. The study *Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect* presents the results of studies that report that breastfeeding in high-income countries is statistically shorter than in middle- and low-income countries. However, in less developed countries, only 37% of infants under six months of age are exclusively breastfed. Promoting breastfeeding can prevent approximately 823,000 child deaths and 20,000 women's deaths from breast cancer each year. According to experts, the quality and quantity of protein consumed by the infant should be controlled when feeding with formula. Data from the research included in Pięta's publication suggest that consuming excessive amounts of protein early in life is associated with rapid weight gain and an increased risk of obesity later in life. The results of the study showed that feeding infants with a lower-protein infant formula (1.77 g/100 kcal) compared to milk with a higher amount of protein (2.9 g/100 kcal) led to lower body weight and a lower BMI in the first twenty-four months of life, comparable to the parameters of children fed with human milk. According to the authors of the study, reducing the amount of protein in milk replacers may contribute to reducing the risk of becoming overweight and obesity in the later years of a child's life [9,21–24].

Infant asymmetry in the paper by Michalska *et al.* is defined as a clinical condition with disorders of body structure, posture or motor skills,

characterised by various origins, places of occurrence and degrees of intensity. There are structural, functional and motor asymmetry, which may affect the entire body or a specific area. Skull deformations are often associated with premature closure of the cranial sutures, but are mainly the result of external forces. The relationship between the frequency of asymmetry in an infant and the child's age is thoroughly documented. In Michalska's *et al.* paper, which refers to other studies, it was found that asymmetry in infants occurs in 16 to 22% of cases at the age of six to seven weeks, and in 19.7% at the age of four months. By age two, the incidence of the disorder drops to 3.3% [13].

A midwife's care for a newborn with a history of prenatal neglect influences its adaptation process to extrauterine life, the formation of bonds with parents and further development. Guided by the standard of perinatal care, the midwife provides comprehensive care for the obstetrician and the newborn. Using an individual case analysis allows observations to be documented, diagnoses the deficits of the mother and child, introduces actions related to the diagnoses made, and assesses their effectiveness. Of the members of the interdisciplinary therapeutic team, it is the midwife who devotes the most time and attention to the patient and his/her caregivers. As part of perinatal care, the midwife helped parents find their new role and develop a sense of responsibility for the new family member. She showed support, provided necessary tips and information, and tried to ensure a sense of security during hospitalisation [25].

Conclusions

Particular attention should be paid to women who were not provided with medical care during pregnancy, because the use of prenatal violence leads to postnatal violence, which most often manifests itself in the form of parents neglecting to care for the child.

It is important for the midwife to nurture and strengthen the bond between parents and the child, because a proper bond, the feeling of being loved, touch and natural feeding have a significant impact on the child's development.

A newborn with a history of illness requires careful observation from medical staff in order to detect, prevent and reduce the scale of possible problems in a timely manner.

Antenatal education plays an important role in a conscious approach to parenthood, but unfortunately many patients do not know about the possibility of taking advantage of it free of charge under the National Health Fund.

The midwife acts as a support person for the parents, is a source of information and guidance, and motivates the patient to take care of the newborn.

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