



CHARTER OF SERVICES

MATERNITY WARDS

ASST OVEST MILANESE AREA

Maternity ward managers: Magenta Dr L. Parola, Legnano Dr L. Pogliani

Clinic managers: UOC Dr D. Arensi, UOS Dr Pecoraro

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Dear Madam, Dear Sir,

As we welcome you to our structure, we suggest you take a few moments to read this publication in which we have tried to summarise all the information necessary regarding the care and assistance we offer new mothers and babies in our clinics and hospital wards in the ASST Ovest Milanese area. The ASST Ovest Milanese Birth Journey Charter may be an opportunity to embark on a more aware and collaborative journey for all the people involved in childbirth: it represents ASST Ovest Milanese's commitment to the community – by listening to our citizens we are able to continually improve our services, guaranteeing safe, top level treatment and services within an ambit of collaboration with and continual care for our patients.



About us

The ASST Azienda Socio Sanitaria Territoriale Ovest Milanese (Health Authority of the West Milan area), registered in Via Giovanni Paolo II, 20025 Legnano, was established on 01.01.2016 with Regional Decree nr. X/4476 dated 10/12/2015, executing Regional Law nr. 23 of 11/08/2015 regarding: “The evolution of the Health Service of Lombardy: amendments to Article I and Article II of Regional Law nr. 33 dated 30th December 2009 (Consolidated Law of the Regional Laws regarding Health)”.

The company’s mission is to fulfil the main principles of public services: equal rights of users, impartiality, continuity, the right of choice, participation, efficiency and efficacy.

The company intends to “take care” of people and their wellbeing, actively collaborating with all parties involved in the Health System in order to reinforce citizens’ perception of a common identity, thereby guaranteeing equal access to services to all.

The ASST Ovest Milanese is divided into two corporate sectors: respectively the territorial division and hospital division which directly reports to the general management. The operators – doctors, obstetricians, nurses, psychologists – work and participate in the company’s birth centre which is made up of two maternity wards and eight clinics.

Where to find us

The **maternity wards** of the ASST Ovest Milanese are:

Hospital of Legnano, via Papa Giovanni Paolo II, area B second floor.

Hospital “G. Fornaroli” of Magenta, via al Donatore di Sangue 50, third floor.

Each maternity ward is staffed 24/7 by a paediatrician, gynaecologist and an anaesthetist; we also offer a cultural mediation service.

Our public family clinics are in Busto Garolfo, Legnano, Magenta, Parabiago, Abbiategrasso, Arluno, Castano Primo, Cuggiono.



THE BIRTH JOURNEY

The birth journey services cover all those offered by the Lombardy Region to promote the health of women and new-borns and to provide adequate assistance during pregnancy, labour, birth, breast-feeding and post-partum thereby guaranteeing continual care.

For non-Italian speaking families we offer a linguistic mediation service.

The cultural mediation service makes the most of your welcome experience, focussing on the cultural differences regarding help and therapeutic relations, both in health and psycho-social services. Carefully looking at how you are welcomed here and pulling down linguistic barriers in order to guarantee the most detailed collection of medical history possible and the most suitable necessary treatment.

To help you understand the services we offer we have divided the care plan into four stages:

1. The pre-conception period.
2. Pregnancy.
3. Childbirth.
4. The post-partum period.

PRE-CONCEPTION PERIOD

Should a couple so require, the birth journey can start even before conception; we offer a consultation including specific tests and information regarding the best life-style possible.

The services offered are:

Pre-conception gynaecological check-up: in the pre-conception phase, as well as an evaluation of the genital system, this check-up includes a detailed personal and family background check in order to identify any possible conditions that may put the reproductive system at risk.

Genetic consultation: this involves a detailed medical history check and any necessary specialist exams including genetic and instrumental tests and in the event of genetic illnesses in the family we also offer information on the illness itself and can suggest treatment for it.

Diagnosis and therapy for couples experiencing problems in conceiving: sterile couples are welcomed for diagnosis and treatment; we also offer non-invasive techniques, such as is the case in top level centres.

Check-up/consultation for couples affected by “recurring miscarriage syndrome”: all tests necessary are carried out in the event of recurring miscarriage (at least two miscarriages without living offspring) in order to ascertain the causes and identify suitable treatment before and during pregnancy (evaluated in the pregnancy pathology clinic).

Psychological and social support: by noticing and identifying as quickly as possible the psychological, relational and social distress that a woman and her family may be experiencing allows us to support them and prevent further, more serious distress that may occur in the post-partum period. It is therefore

Sistema Socio Sanitario



Regione
Lombardia

ASST Ovest Milanese

possible to activate courses of individual and/or couple psychological treatment during the most difficult moments of pregnancy.



PRE-CONCEPTION PERIOD – Our services: where to find them.

<u>SERVICE</u>	<u>WHERE</u>									
	Legnano Hospital	Magenta Hospital	Busto Garolfo Clinic	Legnano Clinic	Magenta Clinic	Parabiago Clinic	Abbiategrasso Clinic	Arluno Clinic	Castano Primo Clinic	Cuggiono Clinic
Pre-conception gynaecological check-up	X	X	X	X	X	X	X	X	X	X
I level genetic consultation	X	X								
I level diagnosis and treatment for couples with problems conceiving	X	X								
Consultation for couples with recurring miscarriage	X	X								
Psychosocial support			X	X	X	X	X	X	X	X
Linguistic and cultural mediation	X	X	X	X	X	X	X	X	X	X



PREGNANCY

Pregnancy is an important moment in the life of a woman and a couple and is usually a health condition and not an illness. During the perinatal period, any information and treatments proposed by the professionals involved (gynaecologists, obstetricians, psychologists, social workers, health assistants, nurses) may influence the behaviour and general state of wellbeing of the mother-to-be and her baby and therefore have an important health impact, even on otherwise healthy women.

The services offered are:

Initial welcome: This consists in an initial, orientation appointment with the obstetrician, and is the first time the mother-to-be will see her local clinic. This meeting generally takes place within 10-15 days from the moment the mother-to-be asks to be treated in her local structure and normally within the 13th week of pregnancy. In the clinic will be the obstetrician who will officially register the mother-to-be during the appointment: based on her medical history, the correct pregnancy journey within the hospital and pregnancy consultation clinics will be established and she will be given instructions regarding subsequent ultrasounds (I, II and III trimester).

Obstetric-gynaecological check-ups in low-risk pregnancy: Women with a natural low-risk pregnancy are offered a model of assistance based on the gynaecologist's and obstetrician's initial notes. All regular evaluations scheduled according to the Low-risk Pregnancy Guidelines are followed.

Low-risk pregnancy obstetrician check-ups and appointment to the obstetrician: the Magenta Hospital appoints a team of obstetricians to the patient who deal with the planning, organisation and execution of pregnancy assistance, from the initial check-up to the post-natal period turning to medical consultation only where necessary, as recommended by the Low-Risk Pregnancy Guidelines (ISS SNLG 2011). In order to protect the birth journey it is important that an appointment with the obstetrician occurs as soon as possible and will be more effective the higher "contact time" there is, or rather the higher the level of continuity throughout the journey.

Check-ups during at-risk pregnancies: All pregnancies already identified as "high risk" are supervised by a doctor and usually require a higher number of clinical-instrumental evaluations (e.g., in the event of arterial hypertension, diabetes, previous pre-term births). In some cases, this is undertaken in teams including other specialists (diabetologists, endocrinologists, cardiologists, interns, etc.).

Full-term pregnancy check-ups (GAT): The first appointment is scheduled for the 38th week and prescribed by a GP as an "obstetric check-up". During this check-up the doctor makes notes of the patient's medical history and all tests undertaken during the pregnancy are looked at in order to evaluate the obstetric risk. In Magenta Hospital, electronic foetal monitoring is undertaken only in the event of pathological pregnancy; in Legnano it is always undertaken at the first 38-week check-up. For scheduled C-Sections, the first appointment is arranged for the 34th week; women who have already undergone C-Section births are informed about the possibility of a vaginal birth; the possibility for admission for a trial vaginal birth is evaluated by the patient's GP based on her medical history.



Invasive prenatal diagnosis: This covers all the procedures used to reveal the presence of foetal chromosome or genetic anomalies or to look for infection. The main techniques used are chorionic villus sampling and amniocentesis.

I trimester screening: (Combined test) The combined screening (nuchal translucence ultrasound + maternal blood test) in the I trimester is a non-invasive test that calculates the probability that the foetus is affected by some chromosome anomalies (e.g., Down's Syndrome) more precisely than merely looking at the mother-to-be's age. This screening reduces the number of unnecessary invasive procedures in older women and identifies those at low risk for their age who may choose a more invasive approach or other tests.

Obstetric ultrasound: This allows us to see the embryo and foetus within the maternal uterine cavity during prenatal diagnosis in order to evaluate its correct development. The ultrasound is a technique that allows us to study the uterine viscera, placenta, amniotic liquid, foetal organs and to measure parameters of foetal development and growth. Ultrasounds have been used in pregnancy for over 30 years and no long-term negative effects have been reported on foetuses. The aims of the obstetric ultrasound depend on the trimester of pregnancy in which it is undertaken. In the first trimester, it aims to verify the pregnancy, vitality of the embryo, correct date of pregnancy and to diagnose a multiple birth. In the second trimester it aims to study the morphology of the foetus and highlight any alterations of the development of the organs. In the third trimester it aims to evaluate foetal growth, the position of the placenta and the amount of amniotic liquid.

Administration of RH immune globulin in maternal-foetal RH incompatibility: This consists in the administration of anti-D immune globulin to all RH negative mothers-to-be between the 28th and 30th week of pregnancy.

Turning of a breech-position foetus: This manoeuvre is undertaken on women who have undergone a low-risk pregnancy and who are pregnant with a single baby presenting breech. It aims to turn the baby head-down to avoid C-section births. It is undertaken around the 37th week.

Vaginal-rectal swab: This is undertaken between the 35th and 37th week of pregnancy and aims to identify the presence of Group B Beta-haemolytic Streptococcus (*Streptococcus agalactiae*) and thereby prevent transmission thereof to the foetus during childbirth.

Birth accompaniment programme: A support to pregnancy, birth and parenthood. Usually organised in small groups of pregnant women, either alone or with their respective partners. The obstetrician is the reference point and leads most of the meetings, often in collaboration with other professionals. Moreover, as well as traditional courses, the Legnano area clinics also organise courses in water, in which physical activities in the pool led by the obstetrician are accompanied by group meetings with the psychologist in order to strengthen the future mother-baby relationship, and aid prenatal psychology and attention to family.

Psychosocial support: by noticing and identifying as quickly as possible the psychological, relational and social distress that a woman and the family may be experiencing allows us to support them and prevent further, more serious distress that may occur in the post-partum period. It is therefore possible to activate



courses of individual and/or couple psychological treatment during the most difficult moments of pregnancy.

PREGNANCY – Our services: where to find them.

SERVICE	WHERE									
	Legnano Hospital	Magenta Hospital	Busto G. Clinic	Legnano Clinic	Magenta Clinic	Parabiago Clinic	Abbiategrosso Clinic	Arluno Clinic	Castano Primo Clinic	Cuggiono Clinic
Initial obstetric appointment	X	X	X	X	X	X	X	X	X	X
Low-risk pregnancy obstetric-gynaecological check-ups	X		X	X	X	X	X	X	X	X
Low-risk pregnancy obstetric check-ups with admission by the obstetrician		X								
High-risk pregnancy check-ups	X	X								
Full-term pregnancy check-up (GAT)	X	X								
Invasive prenatal diagnosis	X	X								
I trimester screening: combined test	X	X								
Obstetric ultrasound	X	X								
Administration of immune globulin for RH incompatibility	X	X								
Breech position foetal turning	X	X								
Vaginal-rectal swab	X	X								
Accompaniment to birth	X	X	X	X	X	X	X	X	X	X
Psycho-social support			X	X	X	X	X	X	X	X
Linguistic and cultural mediation	X	X	X	X	X	X	X	X	X	X



CHILDBIRTH

In maternity wards, all labour and childbirth assistance follows UNICEF's 2012 recommendations of "Mother-Friendly Childbirth Initiatives".

These practices are important for the physical and psychological health of women, as research shows that they improve the first moments of a new-born's life and to initiate breastfeeding and help women to feel supported, competent, in control of what is happening, and give them the tools to connect in a vigilant and prepared way with their child.

USEFUL INFORMATION

Users accessing the prenatal services and giving birth in our structures can:

- ✓ Appoint a trusted person to accompany them for physical and/or emotion support during labour and childbirth, if they so wish, aware of the motivation behind said support;
- ✓ Consume light snacks during labour, if they wish;
- ✓ Walk around and move during labour, if they wish to, and find positions in which they feel comfortable during childbirth, unless therapeutic positions are required to improve labour as it progresses;
- ✓ Have showers, a bath, and move into positions to help relieve pain;
- ✓ Receive information on pain relief and how to be more comfortable during labour, and on the best choices for mothers, babies and how to favour breastfeeding;
- ✓ Receive information on medication for pain relief in labour and the effects of it on breastfeeding. Medication as pain relief can be administered upon request by the mother, following her gynaecologist's consent, and requires the appropriate assistance in the after-birth admission.

In 2016, the Magenta Hospital saw 1435 births, with 83 primary C-sections, while in the Legnano Hospital 869 births were undertaken, 139 of which were primary C-sections.

The services offered are:

Natural birth: normal labours and births are entrusted to the managing obstetrician. The obstetrician builds up a personal and attentive relationship with the woman, aimed at supervising the normal progression of the labour/birth and in order to promote maternal – foetal wellbeing. The woman, if she wishes, can appoint a person of reference to accompany her throughout the labour, birth and post-partum period.

Birth with epidural: the experience of pain during childbirth varies from woman to woman and is influenced by a number of different factors. As well as natural pain relief methods there are also pharmacological ones. The epidural is a pharmacological technique for pain relief during labour and birth. To use this technique, advance specific preliminary evaluation is required with the anaesthetist.



Gas and Air: a non-invasive pain relief technique that can be used before and during the labour and birth, harmless to both the mother and child and administered through the inhalation of a mixture of nitrous oxide and oxygen.

Multiple births: a multiple pregnancy can also be delivered vaginally following careful evaluation by a specialist if all the foetuses are head-down.

Schedule C-section: when vaginal birth is not possible or if there is an increased risk in complications for the mother or foetus, it is possible to schedule a Caesarean Section. The reasons for a scheduled C-section are discussed by and with the gynaecologist and shared with the Medical Staff of the Maternity Ward chosen.

Vaginal birth after C-section (VBAC): if, in a previous pregnancy, a woman has undergone a C-section birth, this does not automatically mean that any subsequent pregnancies will have to end with a C-section. The decision to opt for a VBAC, in cases where there are no specific contraindications, is supported by national and international guidelines. Together with her gynaecologist and maternity team, the mother-to-be can make an informed choice.

Anonymous birth: both maternity wards offer the chance for a mother-to-be to give birth and be treated in complete anonymity.

Donation and preservation of umbilical cord blood: in Italy the law allows for two types of cord blood donation: allogeneic donation and dedicated donation. Allogeneic donation (solidaristic) is a “voluntary” donation and the blood collected is donated for free to the local public Blood Bank; “dedicated” donation, on the other hand, is allowed when a family member is affected by a disease that can be treated with cord cells or in selected cases where there is a risk of having other children affected by genetic pathologies.

Donation is possible both following a natural birth or a C-section (unless urgent). Cord blood is collected by competent staff after the umbilical cord has been cut. The blood is collected through a special system that guarantees maximum sterility.

The Functional Network of Obstetric-Neonatology Assistance: in 2011, the network of obstetric-neonatology assistance in Northern Lombardy has guaranteed a functional relationship between the various local centres for II level perinatal assistance (known as HUBS) with the peripheral I level maternity wards (known as SPOKES) connected to these centres, for specialist and intensive treatment, thanks to the support of the regional national emergency health service network (Service 118). The network provides the assisted transport of pregnant patients (STAM) and neonatal emergency transport services (STEN) to the Niguarda Hospital in Milan.



CHILDBIRTH – Our services: where to find them.

<u>SERVICE</u>	<u>WHERE</u>									
	Legnano Hospital	Magenta Hospital	Busto G. Clinic	Legnano Clinic	Magenta Clinic	Parabiago Clinic	Abbiategrasso Clinic	Arluno Clinic	Castano Primo Clinic	Cuggiono Clinic
Natural childbirth	X	X								
Delivery with epidural	X	X								
Gas and air	X	X								
Birth of multiples	X	X								
Schedule C-Section	X	X								
Vaginal birth after C- Section	X	X								
Anonymous birth	X	X								
Donation and preservation of umbilical cord blood	X	X								
Functional network of obstetric and neonatology assistance	X	X								
Linguistic and cultural mediation	X	X								



THE POST-PARTUM PERIOD

This is a special phase in the life of a woman, a couple and the child that involves personal and social aspects. It is characterised by strong emotions, important physical changes, changes in interpersonal relations and coincides with the acquisition of a new role and identity, especially in first-time mothers. All of this requires a huge ability to adapt to new situations.

Each new-born is checked over taking into account five parameters, each of which is given points from 0-2:

- Skin colour, which normally is pink and in this case the points awarded are two
- Breathing which should be normal with a strong cry (two points) or slow, irregular and laborious
- Heart beat
- Muscle tone
- Reflexes which show the baby's reactions to particular stimuli.

The test is undertaken at one, five and ten minutes after birth.

New-borns scoring less than four at birth require immediate medical intervention, those with a score between four and six are moderately at risk and require assistance, observation and repetition of the test every five minutes; new-borns with a score between seven and 10 are considered normal.

In the immediate post-partum period, our structures guarantee skin-to-skin contact and the chance to breastfeed immediately, all of which favours bonding.

The new-born is generally checked over by the hospital paediatrician within the first twelve hours (earlier in the event of necessity or presence of risk factors) and again on the day of discharge. The baby is assisted daily by the health workers who are trained to give support and information to new mothers on how to look after their baby.

Over the next few days, the new-born is checked and weighed daily.

In the days following discharge, our hospital and clinics offer continued care and assistance in supporting breastfeeding and parenthood.

The services offered are:

Conjunctivitis and anti-haemorrhage prevention: in all maternity wards, in the first few hours after childbirth new-borns are given preventative ophthalmic cream or drops against conjunctivitis and anti-haemorrhage vitamin K treatment (administered by intramuscularly). These procedures do not interfere with skin-to-skin contact or bonding.

Rooming-in: if mother and baby are well, the World Health Organisation (WHO) recommends ROOMING-IN as the best way to care for new-borns during the post-partum period. The personalised model of care is based on each mother-child couple and aims to promote and sustain the physical and emotional wellbeing of both after birth when they are physically separated but continually and uninterruptedly connected biologically and emotionally. The new-born is kept next to its mother, in her room, 24 hours a day and is looked after by its mother with the help of qualified staff.



Breastfeeding: the healthiest and most natural way of feeding your child, it increases antibodies against a number of diseases. In each Paediatrics and Neonatology Operative Unit breastfeeding is favoured both during the hospital stay as well as at home via special services. On this subject, UNICEF and WHO (World Health Organisation) have drawn up a list of measures that every clinic and hospital must respect before being recognised as a “Baby-Friendly Hospital” and “Baby-Friendly Community”.

The ten points of **UNICEF** and **WHO** for the promotion of breastfeeding can be viewed through these links:

www.unicef.it/doc/150/dieci-passi-per-allattamento-al-seno.htm

www.salute4baby.it

www.salute.gov.it

Mandatory neonatal screening: neonatal screening, obligatory in Italy by law (law 104/1992 and subsequent regional integrations) is fundamental in quickly identifying, after birth, any babies born with congenital illnesses and therefore allowing early activation in highly specialised local clinics of specific treatments with medication or special diets to ensure the normal development and/or improvement of the health of the child affected.

Mandatory screening can give early diagnosis of the following illnesses: hyperphenylalaninemia and tyrosinaemia, congenital hypothyroidism, congenital adrenal hyperplasia, cystic fibrosis.

It involves the withdrawal of a few drops of blood from the heel of the new-born’s foot which are then placed on a piece of special absorbent filter paper and sent to the local Regional Neonatal Screening Laboratory.

Extended neonatal screening: As well as the mandatory neonatal screening we also offer, using the same capillary blood withdrawn, neonatal screening extended to a higher number (around 40) of congenital pathologies for which early treatment is possible. The screening is currently voluntary upon informed authorisation. Special information is given to parents in all maternity wards to allow them to make an informed decision.

Audiological screening: this screening makes use of modern techniques to quickly and non-invasively test the hearing apparatus in order to identify and quickly treat congenital deafness. In the event of a positive result, the maternity ward activates a diagnosis course that may lead to the patient being admitted to local regional centres for deafness.

Other diagnostic and screening procedures: before discharging, as well as the screening mentioned above, other procedures are carried out, such as: pulse oximetry for the identification of critical heart diseases, the evaluation of red reflections for the early identification of some ocular pathologies, use of the “Ortolani” manoeuvre for the early diagnosis of hip dysplasia.

New-born check-up: a healthy new-born who shows no problems in breastfeeding and/or growth is subject to its 1st check-up after discharge by the family paediatrician, usually within the first month. For new-borns with difficulty in breastfeeding, growth problems, jaundice, or with a need for quick re-evaluation it is possible to make an appointment with the dedicated neonatology and puericulture clinics. Some new-



borns will be given an appointment for this check-up upon discharge. All babies born with a condition or risk factors revealed at birth will be placed on a course of follow-up care (check-ups and tests) in the “dedicated” specialist neonatology clinics.

Post-partum gynaecological check-up: Following birth, a gynaecological check-up is scheduled to evaluate the mother’s health and to choose the most suitable method of contraception where appropriate.

Breastfeeding area: in the Hospital Wards of Magenta, Legnano and Abbiategrasso there is a dedicated breastfeeding area set up in collaboration with a volunteers’ association.

Mother and baby area: our Family Counselling Clinics set up an area – normally for free – where new parents can receive advice and support on topics such as breastfeeding and weaning and to help new mothers deal with the first difficulties of parenthood during the first year of their child’s life.

Baby massage: the operators in our clinics set up baby massage sessions where parents can learn a natural way to take care of their baby.

Social and psychological support: courses of individual, couple and/or family psychological counselling are organised in order to deal with psychological/emotional distress in the post-partum period. These courses also deal with more serious psychological problems such as post-partum depression. In particular, the clinics located throughout the territory and hospitals involved collaborate in a screening project aimed at the prevention, diagnosis and early treatment of perinatal depression. Moreover, where necessary information is given on applying for financial bonuses issued by the Lombardy region and the INPS.



Moreover, the Italian National Health System also includes registration of new-borns with a paediatrician to be chosen by the parents and registration of the new mother by her family doctor.

The role of the family paediatrician: in order to choose your family paediatrician (PdF) you must first register your child with the Regional Health Service; upon registration, you will be given the Regional Services Card (CRS) which is also the National Health Card.

The Family Paediatrician, through regular health check-ups, in the event of illness and for the prescription of treatments and laboratory tests and, if necessary, consultations with other specialists, will accompany your child until the age of 14 in a close collaboration with the new parents to really get to know each other and favour a relationship of mutual trust. During the first year, the child's growth will be checked, advice will be given for their best psycho-physical development and suggestions/counselling regarding vaccinations will be given for the wellbeing of all.

Prevention is the paediatrician's main task. They will be able to show you how to avoid accidents in the home, practices or habits that may negatively affect the new-born's present and future health, but also how to stimulate and promote positive, healthy behaviour.

The role of the family GP: your family GP has a particularly important role: they know the woman and her social and familial context even before pregnancy occurs and have the tools to optimise a personalised and effective communicative strategy. The GP carries out a fundamental role in avoiding the medicalisation of a low-risk pregnancy, in checking the natural evolution of pregnancy, in prescribing routine tests and instrumental exams, in informing the patient on the network of services on offer during the birth journey, in identifying any maternal-foetus risks regarding the family's medical history, and past and present pathologies, in looking for and managing "*maternity blues*" and post-partum depression, and in the relationship and integration between GP, Clinics, Hospital Wards and Family Paediatricians.



POST-PARTUM – Our services: where to find them.

SERVICE	WHERE									
	Legnano Hospital	Magenta Hospital	Busto G. Clinic	Legnano Clinic	Magenta Clinic	Parabiago Clinic	Abbiategrosso Clinic	Arluno Clinic	Castano Primo Clinic	Cuggiono Clinic
Conjunctivitis and anti-haemorrhage prevention	X	X								
Rooming-in	X	X								
Breastfeeding	X	X								
Mandatory Neo-Natal Screening	X	X								
Extended Neo-Natal Screening	X	X								
Audiological Screening	X	X								
Other diagnostic screening procedures	X	X								
New-born check-up	X	X								
Post-partum gynaecological check-up		X	X	X	X	X	X	X	X	X
Breastfeeding area	X	X								
Mum and baby area			X	X	X	X	X	X	X	X
Baby massage			X	X	X	X	X	X	X	X
Social and psychological support			X	X	X	X	X	X	X	X
Linguistic and cultural mediation	X	X	X	X	X	X	X	X	X	X



CONTACT OUR STRUCTURES

NAME OF STRUCTURE	OPENING TIMES	TELEPHONE NUMBER / EMAIL ADDRESS
Legnano Hospital – Obstetrics Via Papa Giovanni Paolo II Area B Second floor	From Monday to Friday from 1:30pm to 3pm and from 5pm to 7pm Saturday, Sunday and holidays from 3pm to 6:30pm	0331.449.537 ginecologialegnano@asst-ovestmi.it
Legnano Hospital – Neonatology Via Papa Giovanni Paolo II Area B Second floor	From Monday to Friday from 1:30pm to 3pm and from 5pm to 7pm Saturday, Sunday and holidays from 3pm to 6:30pm	0331.449.236 neonatologialegnano@asst-ovestmi.it
Magenta Hospital – Obstetrics Via al Donatore di Sangue 50 Third floor	Every day from 5:30pm to 6:30pm	02.97963.277
Magenta Hospital – Neonatology Via al Donatore di Sangue 50 Third floor	Every day from 5:30pm to 6:30pm	02.97963.361 neonatologiamagenta@asst-ovestmi.it
Abbiategrasso Clinic Via De Amicis 1	From Monday to Friday from 11am to 1pm Monday, Thursday, Wednesday from 2pm to 4pm	02.9486.032 consultorio.familiare.abbiate@asst-ovestmi.it
Magenta Clinic Viale Rossini, 31	Monday, Wednesday and Friday from 9am to 11am Tuesday and Thursday from 9am to 1pm Wednesday and Thursday from 2pm to 4pm	02.97963.041 consultorio.familiare.magenta@asst-ovestmi.it
Arluno Clinic Via Deportati di Mauthausen	From Monday to Friday from 9:30am to 12:30pm Monday and Thursday from 2pm to 4pm	02.97963.081 consultorio.familiare.arluno@asst-ovestmi.it
Legnano Clinic Via Ferraris, 30	From Monday to Friday from 9am to 1pm Monday: from 2pm to 4pm	0331.1776.143 consultorio.familiare.legnano@asst-ovestmi.it
Parabiago Clinic Via XI Febbraio, 31	From Monday to Friday from 9am to 1pm	0331.1776.317 consultorio.familiare.parabiago@asst-ovestmi.it
Busto Garolfo Clinic	From Monday to Friday from 9:30am to	0331.1776.182



Via XXIV Maggio, 17	1:30pm	consultorio.familiare.bustogarolfo@asst-ovestmi.it
Castano Primo Clinic Via Moroni, 12	Monday, Tuesday, Wednesday, Friday from 9.30am-12.30pm Tuesday and Wednesday from 1:45pm to 3:45pm Thursday from 1:45pm to 4pm	0331.1776.377 consultorio.familiare.castano@asst-ovestmi.it
Cuggiono Clinic Via Rossetti, 3	Monday, Tuesday, Wednesday, Friday from 9am to 13pm Thursday: 9am-11:15am Wednesday from 1:30pm to 3:45pm	02.9733.043 consultorio.familiare.cuggiono@asst-ovestmi.it

CUSTOMER RELATIONS OFFICE

urp@asst-ovestmi.it – Tel. 0331.449707





HOW TO REACH OUR STRUCTURES

Family Counselling Clinic in Abbiategrasso: can be reached using the regional suburban transport network which here is managed by Società Stav for buses and Trenord for trains.

Family Counselling Clinic in Magenta: can be reached using the regional suburban transport network which here is managed by Società Stav for buses and Trenord for trains.

Family Counselling Clinic in Arluno: can be reached using the regional suburban transport network which here is managed by Società Movibus. The Movibus network has connections to train stations on the Milan-Turin stretch.

Family Counselling Clinic in Legnano: can be reached using the regional suburban transport network which here is managed by the local public transport service Movibus; timetables can be viewed on the respective websites.

Family Counselling Clinic in Parabiago: can be reached using the regional suburban transport network which here is managed by Ferrovie Trenord and the local public transport service Movibus; timetables can be viewed on the respective websites.

Family Counselling Clinic in Busto Garolfo: can be reached using the regional suburban transport network which here is managed by the local public transport service Movibus; timetables can be viewed on the respective websites.

Family Counselling Clinic in Castano Primo: can be reached using the regional suburban transport network which here is managed by Movibus. The Movibus network also has connections to stations on the Milan-Magenta-Novara-Turin stretch. Local transport timetables can be viewed on the websites www.movibus.it and www.trenitalia.it.

Family Counselling Clinic in Cuggiono: The Family Counselling clinic can be reached using the regional suburban transport network which here is managed by Movibus. The Movibus network also has connections to stations on the Milan-Magenta-Novara-Turin stretch. Local transport timetables can be viewed on the website www.movibus.it.