

GUIDELINES FOR PREGNANCY

and following Giving Birth
in Portugal



This document aims at guiding pregnant women and their families throughout their consultations with the Family Doctor, Nurse, and Obstetrician.

Regular support by a health professional is crucial for pregnancy to run as smoothly as possible, ensuring the well-being of both mother and baby, and to prevent any problems or complication. For pregnant women cared for by the state's National Health Service (SNS - *Serviço Nacional de Saúde*), monitoring during the pregnancy period is usually of the remit of primary healthcare services (health unit/*centro de saúde*). Occasionally, when changes in clinical test results or any maternal health issues occur, women get referred to an obstetrician or obstetric hospital services (e.g. in case of high-risk pregnancies).

The “Informa em Ação” project was developed to promote better access for Migrants within the National Health Services, as well as to improve efficacy by gathering and compiling information, translations into various languages, and mediation focussing on understanding of concepts by people from different backgrounds and origins. Together, a number of peers from diverse roots and journeys, and Health professionals, took part in a process that envisioned building and sharing understanding through the lens of different cultural frameworks, by using cultural mediation tools.

The project was managed by Casa do Brasil de Lisboa. The formal partner of the project is GAT - Grupo de Ativistas em Tratamentos, and non-formal partners include ACeS Lisboa Central (Central Lisbon Health Units cluster) and GABIP Almirante Reis (promoted by Lisbon Municipality, Aga Khan Foundation Portugal, and Arroios Borough). Translations were carried out by partners and community groups, who took part in the development of this production in the following languages: Bengali, English, French, Mandarin, Nepali, and Portuguese.



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A. WHAT TO EXPECT FROM YOUR FIRST PRENATAL APPOINTMENT

During your appointment, a doctor and nurse may clear your doubts and offer advice. The purpose of physical examination is to measure blood pressure, weight, height, size of the belly and, at times, it may include a pelvic examination and checking for the baby's heartbeat. At each term, and depending on the pregnancy stage you are at, the doctor will require test results and scans, as well as, possibly, further tests to complement the check-up. It is both in the patient's and in the doctor's interest to build mutual trust.

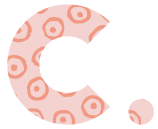
B. PREGNANCY AS A NEW PHASE IN LIFE



Through this phase in your life, you may experience new challenges. That is why you may need the support of family or friends who are close to you, both during pregnancy and after delivery. Emotional support and sense of belonging to a community are also good prevention measures for psychological well-being. For further information about parental social protection regime and welfare, please refer to *Guia da Parentalidade* [<http://www.seg-social.pt/documents/10152/13199/Parentalidade/>], *Guia Prático da Segurança Social* and to *Guia para Grávidas do SNS24* [<https://www.sns24.gov.pt/guia/guia-para-gravidas/>].

Maybe your pregnancy was not planned. Your feelings and expectations are important. Please feel free to talk about this openly with your health team, and with the professional supporting your thinking process and how you are feeling.

In Portugal, it is possible to opt for interrupting your pregnancy in official establishments up to the 10th week of pregnancy, provided the pregnant woman requests so. There are other specific cases whereby it is both allowed and legal to interrupt a pregnancy through official means after the 10th week of pregnancy. For more information, please talk to your health team and/or consult law n. 16/2007 de 17 de Abril.



GENERAL RECOMMENDATIONS

1. Nutrition and preventing Infectious Diseases

Food preparation requires some extra care during pregnancy, in order to avoid infectious diseases such as toxoplasmosis, brucellosis, salmonellosis and listeria. Each of these infections may trigger serious consequences for your pregnancy, such as miscarriage, premature birth, or the baby's malformations.



Recommendations:

In the kitchen:

- Your meat, fish and eggs must be really well-cooked/well done. Wash your hands as well as any food produce that may have been in contact with raw meat very thoroughly
- Wash your vegetables thoroughly and properly in running water; soak them in water and vinegar, or in food disinfecting solution, for 15 minutes. Then cook thoroughly, avoiding any possible undercooking
- If eating dairies, pasteurised milk and pasteurised cheese are a better option
- As per cooking processes, boiled and grilled dishes are the best option
- Avoid excess salt, seasoning and spices.

To avoid other infectious diseases:

- Use gloves when touching soil (for example, if gardening), and wash your hands properly after you finish
- Avoid changing cat-litter. If you must change it, you should wear rubber gloves when doing so, as cat-litter may be contaminated
- Avoid being around people who may have respiratory infections.

2. Physical exercise

... strengthens muscles, improves blood circulation and mood, and helps to avoid obstipation.



Recommendations: practice physical activities for 150 minutes per week - that is, approximately 30 minutes 5 times per week. Avoid sports that may cause shocks, differences in pressure or heights, traumas or falls. Drink liquids before, during and after physical exercise. Walking, yoga, swimming and aquarobics are all appropriate options.

Furthermore, exercising to tone muscles used for delivery may help prevent urine loss after birth. You may:

- i) contract muscles as if to keep urine
- ii) hold this position for 10 seconds
- iii) relax for 8 seconds
- iv) repeat this exercise 5 or 6 times per day.

3. Avoiding Substance use

Drugs, alcohol and tobacco consumption can cause damage to both the mother's and the baby's health. Take advantage of this opportunity to break these habits. Ask your health team for help if needed.

4. Travelling

Some Airlines may require a medical certificate after your 28th week of gestation, or else they may not allow you to travel towards the final stages of pregnancy. Ask the airline for information in advance.



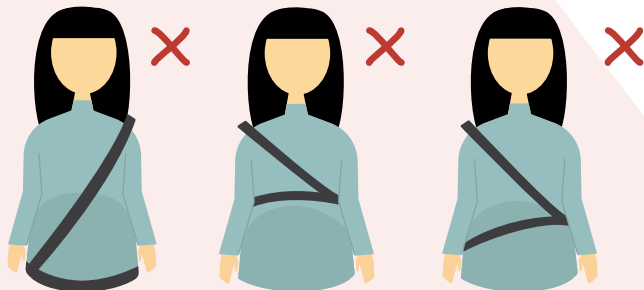
Recommendations: Use compression stockings (flying socks) for long trips or for flying; always wear the seat belt available on the means of transport you are taking.

5. Vaccination

Pending on your check-ups and medical evaluation, some vaccinations may be recommended.

HOW TO USE A 3-POINT SEAT BELT DURING PREGNANCY

- The 3-point seat belt should be worn normally, by pushing the lower part as low as possible under the bump/belly. That is because, should the need of transport activate the breaks, the pressure would be on your hips and not above the hips
- The upper part of the belt should be in between the breasts and above the bump/belly (not over/ across the belly)
- Do not wear the upper part of the belt under your arm
- Do not tighten the belt too much, nor leave it too loose
- Should the seat belt not be long enough to fasten, you may need to buy an extension, or a pregnancy adaptor to keep the seat belt in the appropriate position
- Do not wear the belt on the upper nor lower back of your body.



D. USUAL BODY TRANSFORMATIONS AND COMMON SYMPTOMS DURING PREGNANCY

Your body is going to go through a few transformations during pregnancy. Acknowledging the changes and talking about them to your Health team will encourage them to share any possible recommendations with you.

6. Tiredness

Is fairly usual during pregnancy due to hormones and weight gain.



Recommendation: Try to rest regularly in between activities.

7. Dizziness / faintness or lower backache



Recommendations: Use a hat on sunnier days. Avoid sudden position changes or standing up in the same position too long. Use comfortable shoes, with a 2-5cm heel (avoid high heels). Try to maintain a correct body posture - a straight back and shoulders rolled backwards. When kneeling down, bend your knees rather than flexing your back. Massage softly and/or apply heat locally on your lower back when in pain.

8. Gum bleeding



Recommendations: Brush your teeth at least twice a day. Use a toothbrush with soft bristles. Use the dentist voucher - available through your family doctor - to book a consultation.

9. Increase in breast volume and sensitivity



Recommendations: Use an adequately supportive, non-wired bra, and, if possible, opt for a cotton one. It may be useful to buy a breastfeeding bra in 1-2 cup sizes bigger than your regular size, which will also be useful after birth if you are planning on breastfeeding your baby.

10. Skin changes

As your bump, thighs and breasts increase in volume, stretchmarks may appear. There is no specific product in Portugal to deal with stretchmarks; however, applying hydrating cream or lotion every day may help. Skin around your mouth, head, nipples and middle line of your belly may darken, and it will all gradually disappear after giving birth.

11. Swelling and liquid retention

... may appear more visibly around your ankles and hands.



Recommendations: Put your legs up when in resting position. Sleep on the left side of your body. Regularly engage in physical exercise. Use compression socks.

12. Varicose veins



Recommendations: Use comfortable clothing, and avoid clothes that are tight round your waist/belly and legs. Avoid standing up still for a long time. Use compression tights/socks. Take daily walks. Place your legs up, or higher up than the rest of the body, when in resting position.

13. Heartburn, nausea, vomiting and stomachache

... are more frequent in the mornings and during the first few months of pregnancy.



Recommendations: Eat small quantities of food every 3 hours. Eat low fat foods. Avoid food that smells or tastes intensely. Avoid fasting and periods of not eating for longer than 8 consecutive hours. Avoid fizzy drinks - choose gas-free drinks instead. Avoid lie-downs during the 2 hours following eating a meal. Sleep with your head slightly higher up (i.e. place 2 pillows below your mattress).

14. Obstipation and haemorrhoids

... are quite frequent during pregnancy.



Recommendations: Drink 1.5 to 2 litres of water per day. Eat high-fibre foods (fruit and vegetables). Add wheat bran to your food. Engage in physical exercise, i.e. walking, swimming, etc... Go to the toilet whenever you feel the need and try to evacuate always at the same time each day; the best position for this is sitting with your feet at a hand-palm's length higher than the ground/ floor - you could place a box or a shoebox below your feet, for example.

15. Urinating more frequently

... is normal towards the final stages of pregnancy due to the baby pressuring your bladder.



Recommendations: Avoid holding urine for long periods of time and avoid drinking lots of liquids towards the end of the day and at night.

16. Vaginal fluid increase



Recommendations: Use cotton underwear. Use pH neutral products for your feminine hygiene. Avoid using sanitary pads/towels, and do not use tampons.

If you notice either blood, or intensely smelling and yellow/green or “cheesy” white fluid, or if you experience a burning feeling in your genitals, talk to your health team about it.

17. Mood swings

... are quite common during pregnancy and after giving birth, but they are usually only temporary.



Recommendations: Engage in physical exercise and in hobbies of your choice. Talk to a health professional - if you feel you need extra support, they can refer you to a Psychologist (please note sessions are currently in Portuguese language). Make sure you have a social support network, and that you are not isolated.

18. Sexuality during pregnancy

Physical and psychological changes during pregnancy may impact the couple's intimacy. Talking to your partner about it may help.

You will find a list of warning signs on the back cover of this booklet, that should always be assessed with your doctor / health team on the same day or as soon as possible.



PRENATAL CARE

1ST TERM (1st to 13th week of pregnancy)

On your first doctor's appointment during pregnancy, you should inform your medical team about:

- Your health issues (e.g. Arterial hypertension/high blood pressure, diabetes, epilepsy, etc.)
- Any previous pregnancy - that is, if you have been pregnant before, even if it didn't result in the birth of a baby, and any complications you had experienced at the time
- Past surgeries or medical interventions (e.g. Genital procedures, blood transfusions, etc.)
- Any medication you usually take, including herbal products and medication that doesn't require a medical prescription
- If you smoke, drink alcohol or use drugs
- Vaccinations you took in the past (if possible, bring your bulletin, records, or certificate).

19. Vitamin supplements

Folic acid is important for the effective development of the baby's nervous system, and is recommended during the first term of pregnancy.

If deemed necessary, your doctor may prescribe other vitamins (for example iodine and iron) as well as medication to prevent nausea and vomiting.

20. Rubella

Contracting rubella infection during pregnancy, especially during the first term, may provoke miscarriage or malformations in the baby's development.

Most people have developed defences against rubella, either because they have already contracted it in the past or because they have already been vaccinated (and therefore are immune to it).

Tests will allow us to know if:

- you are immune
- you are not immune, in which case you will need to repeat the test between the **18th and the 20th week** of pregnancy
- you have had rubella during the 1st term, in which case you will be referred for a specialised consultation to get professional advice on what to do next.

21. Maternal Rh(D) Isoimmunization

The mother's and the baby's bloods may be different (Rhesus + and -) and, in this case, should there be any contact between the mother's and the baby's blood, complications may occur. If your blood is Negative Rhesus (Rh-) you may be advised to have an immunoglobulin injection (RhD isoimmunisation) at the 28th week of pregnancy. You may be advised to take this injection in other circumstances (for ex. after amniocentesis). The immunoglobulin injection is subject to you signing an 'informed consent' (*consentimento informado*) form.

22. Combined screening test

A specific blood test combined with other information (that is, term 1 scan and mother's age) can help predict if the baby is at risk of genetic alterations which cause Trisomy 21 / Down Syndrome, Trisomy 13/ Patau Syndrome or Trisomy 18/ Edwards Syndrome.

Should the risk of any such alterations be high, you will be advised to go for a prenatal diagnostic and to take other tests - depending on your specific case. Such tests may require your written consent.

Malformations can be detected at other stages of pregnancy and not only through a combined screening. Within the Central Lisbon ACeS (*Agrupamento Centros de Saúde*) a fee is usually charged for this screening, and the cost is not co-funded nor reimbursed.

23. Tax exemption

During pregnancy and during the period following birth, you are entitled to tax exemption on admin services of your health centre, where you will be required to show a medical certificate. Once this is sorted out on the first occasion, you will neither pay for the following consults, nor for most of the tests prescribed by the doctor.

24. Dentist Cheque

Your family doctor can provide a 'Dentist Cheque' that will be valid throughout your pregnancy and will allow you 1 tax exempt / free dentist appointment for each term of pregnancy.

Consult the *Boletim de Saúde Oral* [<https://www.sns24.gov.pt/servico/boletim-de-saude-oral/>].

Tests to carry out during the 1st term of pregnancy

In order to know that everything is well with your baby and with yourself:

- Term 1 foetal scan needs to be carried out between the **11th and 13th week + 6 days** of pregnancy. It will also confirm the probable date of delivery.
- Blood and urine tests need to be taken by the **13th week** of pregnancy.

PREGNANCY HEALTH BULLETIN (BOLETIM DE SAÚDE DA GRÁVIDA)

Your medical team will give you a booklet in which a record will be kept for each consultation, with all of the most important data on your pregnancy.

You will need to carry this with you at all times during pregnancy and straight after delivery.



PLEASE NOTE:

Miscarriage during the first term of pregnancy is quite frequent, and does NOT affect any future pregnancy.

In Portugal, there are specific cases in which it is allowed to request to end your pregnancy if you wish so. Talk to your Health team about it.

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PRENATAL CARE

2ND TERM (14th to 27th week of pregnancy)

As per the 2nd term of pregnancy, it is possible to assess both:

- Your uterus' growth as well as the length and width of your bump/ belly, by using a measuring tape
- The baby's heartbeat.

You will need to completely undress your belly to do each of the above, and ideally have an empty bladder.

25. Maternity allowance

This allowance aims to promote maternity, by supporting some of the expenses you will incur into when the baby is born. Maternity allowance is granted for a total of 6 months, and it is allocated depending on the family unit's income.

Between the 13th week of pregnancy and the 6 months after the baby is born, you can ask your family doctor for a pregnancy certificate, which you will then need to pass on to the *Segurança Social* office in your area of residency.

26. Prenatal/ Preparation for parenting Course

Should it be possible, you can enrol for a prenatal course to prepare to transit into parenthood. The course is in Portuguese language - please ask your Health team whether there are any courses available in English Language if you require so.

Tests during the 2nd term of pregnancy

- 2nd term foetal scan between the **20th and the 22nd week + 6 days** of pregnancy
- If you are not immune to rubella, you need to have a blood test between the **18th and the 20th week** of pregnancy
- You need to take regular 2nd term blood tests between the **24th and the 28th week + 6 days** of pregnancy. You will need to be on an empty stomach for it by fasting from the night prior to the blood test, and you will be asked to drink a sugary liquid to test for diabetes. For this test, you must plan for a total of approximately 2 hours at the test centre.



PLEASE NOTE:

Around week 20 you will start feeling the baby moving. Should you stop feeling that, please contact your health team/doctor.



PRENATAL CARE

3RD TERM (28th week up to the end of your pregnancy)

As per the 35th week onwards, your baby's movements are crucial in understanding if she/he is well. During the first 12 hours of your day, you should count at least 10 sets of movements from your baby. If in doubt, lie down on your side for 30 minutes after a meal and focus on counting. You must keep a record of this information by filling in the given table on your pregnancy bulletin (*Boletim de Saúde da Grávida*).

27. Vaccinations

To protect mother and baby from whooping cough, tetanus and diphtheria, you should ideally be vaccinated between the 20th and the 36th week of pregnancy, at least 2 weeks before birth/ delivering the baby.



Verify that your address is up-to-date at all times on your records at the Health services.

This will be crucial for any important communication from the Health services!

28. RhD Isoimmunisation

If your blood is Rh-, you may be advised to take an immunoglobulin injection on your 28th week of pregnancy.

29. Obstetrics Referral

If your pregnancy is low risk and if you are being taken through all the primary care steps, you are usually referred for a specialised obstetrics consultation after your 32nd week of pregnancy. You will receive a letter through the post at your registered home address, stating the place and time of your appointment.

Tests during the 3rd term of pregnancy

- Term 3 foetal scan should be carried out between the **30th and the 32nd week + 6 days** of pregnancy
- Term 3 blood tests should be taken between the **32nd and the 34th week + 6 days** of pregnancy
- Research on Streptococcus bacteria - B group is usually done between the **35th and the 37th week + 6 days** of pregnancy. This is carried out by the health professional passing a cotton bud onto your vagina and rectum.



PLEASE NOTE:

During the 3rd term of pregnancy you may start feeling acute pain in your belly or in your groin that will fade if you rest. It is probably a uterine contraction. When you get this feeling, stop and rest for a while. If the pain doesn't fade after a while, or if you also experience vaginal discharge, go to an obstetrics emergency service.

MATERNITY BAG

From your 32nd week of pregnancy onwards is a good time to start preparing your bag for the maternity hospital, if you haven't already done so. You should include:

- Your ID / document
- The bulletin (*Boletim de Saúde da Grávida*) and tests carried out during your pregnancy
- Clothing and personal hygiene items to last you 2 or 3 days, for example: 2 or 3 nightdresses, preferably with opening at the front so as to be able to breastfeed; slippers or flip-flops; knickers and sanitary pads; bras and nursing pads; body and personal hygiene products; a change of clothes for when you get out of the maternity hospital; a bag for any dirty clothing
- Baby clothing and baby hygiene items for 2 or 3 days, for example: cotton nappies, disposable nappies, a change of clothes, coat, blanket, baby hygiene products, a baby seat on the day of hospital discharge, a bag for any dirty clothing.



H. DELIVERY OF THE BABY

There are various signals that tell us the delivery date is getting closer:

- A “show” - that is, when the plug of mucus from your cervix (entrance to your womb, or uterus) comes away; a pinkish or brownish gelatinous discharge you may see in your underwear or when cleaning yourself after going to the toilet. This can happen a few days or hours before delivery
- Backache or a similar feeling to period pain
- Uterine contractions/tightenings - intense pain that does not fade when resting and that will reoccur at more regular and shorter intervals of time as you are getting closer to delivery
- Rupture of membranes or waters breaking - clear and transparent liquid coming out of the vagina.

30. Birthing Options

Hospital/maternity hospital offers the best conditions for birthing. They can also guide you on effective techniques to alleviate pain during delivery. You can discuss your preferences on labour with your health or obstetrics team.

Natural birth (vaginal) is considered to be the safest delivery method. In a normal pregnancy, labour should commence spontaneously at some point between the 37th and the 42nd week, avoiding unnecessary interventions.

In certain situations, as well as in the case of specific diseases, it may be necessary to induce the baby's delivery. Should this apply in your case, your doctor will explicitly inform you.

The vast majority of pregnant women do not need a caesarean section. Despite it being considered a safe surgery, it still carries some risks just like any other surgery. However, under certain circumstances, this may be essential to save the mother's and the baby's life. Natural birth is still an option for subsequent pregnancies, even for most women who have previously had a caesarean section.

31. Right to have a birthing partner

Any pregnant woman admitted to a health facility is entitled to be accompanied by a person of her choice (male or female), during all stages of the birthing process/delivery. Consult *Direitos e deveres do utente dos serviços de saúde, Lei nº15/2014. Artigo 12* about rights to choice of birthing partner or *Despacho nº5344-A/2016* for rights in a Caesarean section. Each hospital / maternity hospital has its own parturient admission protocol. Clarify your doubts, if any, with your health team or obstetrician.

BREASTFEEDING

Exclusive breastfeeding is the most adequate nutrition during the baby's first 6 months of life:

- The mother's milk contains all of the nutrients a baby needs during the first 6 months of their life
- It diminishes the baby's risk of catching illnesses, such as respiratory infections, asthma and obesity
- It reduces risks of developing breast and ovary cancer.

32. Who can breastfeed?

All mothers can breastfeed their own babies. Only in rare specific cases is breastfeeding not advisable. Feel free to talk to your health team about this topic.

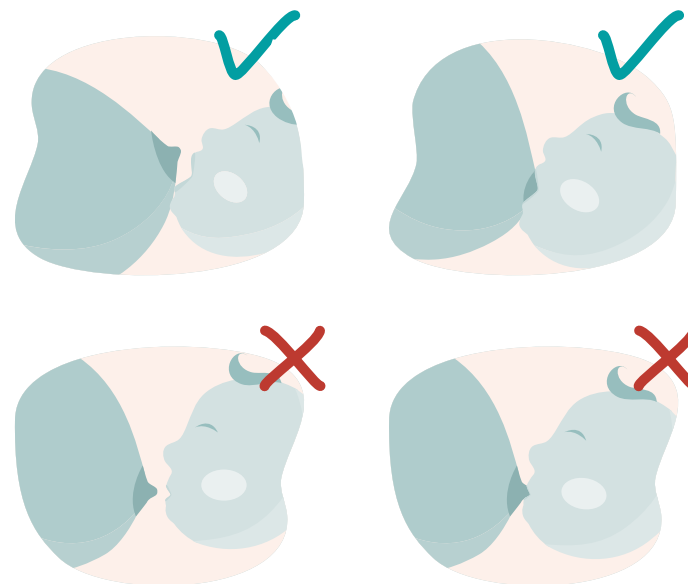
33. Breastfeeding scheduling

You can either choose to breastfeed at any time your baby shows a will to, or set a regular schedule. You will have to breastfeed a minimum of 8 to 10 times per day/ per each 24-hour period.

34. Breastfeeding Recommendations

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- Find a comfortable position where you can opt for sitting down, lying down or standing up, and where you can vary in between these positions
 - Place the baby close to your body so as to have his/her nose at the same height as your nipple and their head on your forearm
 - Encourage the baby to open their mouth wide, and when open bring him/her closer to your nipple
 - Introduce the nipple and part of the areola into the baby's mouth. The baby's nose and chin need to be leaning onto your breast
 - Verify that the baby's bottom lip is turned outwards.

At times you can feel pain while breastfeeding. You can prevent this by keeping up regular hygiene measures. Your health team can show you how to do it.



35. Mastitis

Mastitis is a breast infection provoked by obstruction of the milk channels. It causes discomfort, pain, hardening and redness of breasts and, at times, fever.

In order to prevent mastitis, try to completely empty your breasts when breastfeeding, as well as switching breasts when breastfeeding - that is, switching breasts during the same feed so as to use both sides, or using the right breast for one feed and the left breast for the following feed.



PLEASE NOTE:

Feel free to talk to your health team about any challenges or doubts you may encounter in breastfeeding, or about feeding your baby. If feeling uncomfortable, getting fever, experiencing pain or redness in your breast, talk to your health team.

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AFTER BIRTH

36. Parental Leave

After the birth of a child, parents are entitled to apply for subsidised parental leave. Duration of legal entitlement to the leave period and the welfare sum paid by social security both vary depending on the individual circumstances of parents - for example, according to the number of new-born children and whether both parents choose to split the leave time they are entitled to between them. Check with your health team, or consult Law nº 7/2009 do Diário da República nº 30/2009, série I de 2009-02-12 or the <http://www.seg-social.pt/documents/10152/13199/Parentalidade> website.

37. First check-up after delivery

Once your baby is born, please book the following at your Health Centre:

- Newborn bloodspot screening test (“teste do pezinho”) has to be carried out between the 3rd and the 6th day of the baby’s life
- Your baby’s first health and development review (“consulta de saúde infantil e juvenil”) - a consultation for your child, which should ideally occur within the first 15 days of your baby’s life
- Your post-partum review, ideally within the 4th and the 6th week after pregnancy ends.

38. Newborn blood spot (heel prick) test (“Teste do pezinho”)

This test shows if the baby has any serious illness that might need treatment or any specific nutrition planning. An early diagnosis, as well as an appropriate diet, and treatment within the first few weeks of life might enable the baby not to develop any issues associated to the illness diagnosed.

So as to carry out this test, blood is taken from the baby’s heel between the 3rd and the 6th day of life. Parents will only be contacted back if there are any changes in the test or if more tests are required. You can also access the test results from the website <https://resultados-dp-insa.min-saude.pt/>.

Should it be appropriate and should you wish so, the health team can also plan a home visit - that is, coming to your house for the consult.

39. Postnatal check (“revisão do puerpério”)

The post-partum period is when the mother goes through physical and psychological recovery, straight after delivery of the newborn(s) and up to the 6 weeks following giving birth.

In this consult, the health professional(s) engage(s) you in the following:

- Physical, emotional and social well-being assessment of the mother, child, family
- Promote and support breastfeeding
- Evaluate any blood loss that may have occurred beyond the 6th week after giving birth
- Evaluate pelvic floor and teach exercises to strengthen pelvic floor muscles
- Cervical smear test (called “citologia cervico-vaginal” or referred to as “papanicolau”) for cervical cancer screening
- Support the start of contraception and clear any doubts on sexuality
- Update Vaccination plan (for ex. rubella vaccination, if applicable).



WARNING SIGNS



You should seek for medical support and evaluation if you experience:

- Loss of blood from your vagina
- Vaginal liquid discharge (waters breaking/rupture of membranes)
- Any changes in your regular vaginal discharge
- Itching or burning in the vaginal area
- Regular and intense tummy ache
- Persistent diarrhoea
- Fever or shivering
- Pain or burning when urinating
- Persistent vomiting
- Continuous strong headache
- Sudden changes in your eyesight
- Decrease in the baby's movements

Monitoring is Paramount to ensure a health pregnancy as well as the baby's well-being.

USEFUL CONTACTS:

Emergency Services / Midwifery and Obstetric Services

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Health Unit

Telephone translation Service (*Serviço de Tradução Telefónica* by ACM, the High Commissioner for Migrations):

Monday to Fridays from 9a.m. to 7p.m., by calling 808 257 257 from or 218 106 191 from mobile phones.