# IMBCI Logo jpg.jpgInternational MotherBaby Childbirth Initiative (IMBCI) MotherBaby Network (MBnet) Application

|  |  |
| --- | --- |
| Type of Application |  |
|  Clinical / Care Provider |  Activist / Policy Level |

To view examples of Clinical / Care Provider and Activist / Policy Level MBNets [click here](http://www.imbci.org)

|  |
| --- |
| Application details: check all that apply  |
| (Clinical / Care Provider ONLY) |
|  Facility | Name: |
|  Organization | Name:  |
|  Individual Care Provider | Name: |
| Application details: check all that apply |
| (Activist / Policy Level ONLY) |
|  Organization | Name:  |
|  Individual Advocate | Name: |

|  |
| --- |
| Contact Information |
| (All applicants) |
| Contact Name |  |
| Address |  |
| City, State or Province, ZIP Code |  |
| Country |  |
| Phone(s) (please include full international codes) |  |
| Skype Name |  |
| E-Mail Address |  |
| Website |  |

|  |
| --- |
| General Information |
| (All applicants) |
| Briefly describe your service, your organization, and/or your facility.  |
| Describe the population you serve in terms of social and economic status. |
| Please describe your history in working with and supporting mother and baby friendly childbirth. |
| Please tell us the three most important reasons for your request to be an MBnet. |

|  |
| --- |
| Your Mission, Vision, and Goals as an MBnet |
| (All applicants) |
|  Please state your vision and mission for your MBnet. |
| Outline your primary goals. |
| Define the strategies for achieving your goals. |
| Please describe what you have to share with other MBnetters – experience, materials, projects, activities, skills. |

|  |
| --- |
| What Kind of Providers Attend Births in Your Region(s)? |
| (All applicants) |
|  Midwives | Attend approximately % of births |
|  Obstetricians | Attend approximately % of births |
|  Family Physicians | Attend approximately % of births |
|  General Practitioners  | Attend approximately % of births |
|  Nurses | Attend approximately % of births |
|  Traditional Birth Attendants/Traditional Midwives | Attend approximately % of births |
|  Others | Attend approximately % of births |

|  |
| --- |
| Maternal Care Services Available in Your Community (Please Describe) |
| (All applicants) |
| Prenatal |  |
| Labor/Doula Support  |  |
| Intrapartal |  |
| Childbirth Education |  |
| Breastfeeding Education |  |
| Postpartum Care |  |
| Other  |  |

|  |
| --- |
| Maternal Care Services Provided (Please Describe) |
| **(Clinical / Care Provider ONLY)** |
| Prenatal |  |
| Labor/Doula Support  |  |
| Intrapartal |  |
| Childbirth Education |  |
| Breastfeeding Education |  |
| Postpartum Care |  |
| Other  |  |

|  |
| --- |
| Data Collection |
| **(Clinical / Care Provider ONLY)** |
| How many births per year?  Two years ago \_\_\_\_\_\_\_\_\_\_ Last year \_\_\_\_\_\_\_\_ Current year (projected) \_\_\_\_\_\_\_\_\_  |
| Current Outcomes: |
| Normal spontaneous births | Occur %  |
| Labor induction | Occur %  |
| Oxytocin augmentation  | Occur %  |
| Operational vaginal deliveries  | Occur %  |
| Cesarean sections | Occur %  |
| Elective cesarean | Occur %  |
| Vaginal birth after 1 cesarean | Occur %  |
| Vaginal birth after 2 cesareans | Occur %  |
| Vaginal birth after more than 2 cesareans | Occur %  |
| Epidural | Occur %  |
| Episiotomy | Occur %  |

|  |
| --- |
|  Routine Procedures used in Your Facility for “All” healthy Women and Newborns  |
| (Clinical / Care Provider ONLY) |
| Laboring Women Intravenous line for women in labor Continuous electronic monitoring Systematic rupture of membranes Episiotomy in nulliparous women Episiotomy in multiparous women Vertical (upright) deliveries Choice of position during childbirth Maternal restriction of movements during labor Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_          \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Newborns Skin to skin contact – baby to mother’s chest immediately after birth if possible Immediate warming and drying Clean cord care  Delayed cord clamping Early initiation of breastfeeding Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Website Paragraph |
| Please provide one paragraph describing how your MBnet will promote the International MotherBaby Childbirth Initiative for our website at [www.imbci.org](http://www.imbci.org).  |

|  |
| --- |
| Affirming Your Commitment as an MBnet |
| Please check each item to confirm that you have done the following: |
|  Read the International MotherBaby Childbirth Initiative in its entirety  Agree with and promote the 10 Steps of the IMBCI Completed the “Support the IMBCI” form on our website at [www.imbci.org](http://www.imbci.org/)  Comply with the WHO [International Code of Marketing Breast-milk Substitutes](http://www.who.int/nutrition/publications/code_english.pdf) Comments: |

|  |
| --- |
| Agreement and Signatures |
| By submitting this application, I/we affirm that the facts set forth in it are true and complete. I understand that by our own initiative we are confirming support of International MotherBaby Childbirth Initiative (IMBCI) and using it to promote the 10 Steps to Optimal MotherBaby Maternity Services in our own contextual surroundings. We will inform IMBCO of our progress, accomplishments, and setbacks. IMBCO affirms that you will be recognized by IMBCO as being part of the MBnets engaged in the promotion of the IMBCI.  As a result, you will have access to IMBCO resources and will have the opportunity to share your victories and/or challenges through the IMBCO website. |
|  |
| Name (printed) |  |
| Signature (Digital) |  |
| Date |  |
|  |  |
| Name (printed) |  |
| Signature (Digital) |  |
| Date |  |
|  |  |
| Name (printed) |  |
| Signature (Digital) |  |
| Date |  |

IMBCO May 2014