

International MotherBaby Childbirth Initiative MotherBaby Network (MBnet) Application



Type of Application

<input type="checkbox"/> Facility	Name:
<input checked="" type="checkbox"/> Organization	Name: Istanbul Birth Academy
<input type="checkbox"/> Individual Care Provider	Name: Hakan Coker-Nese Karabekir Çoker

Contact Information

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General Information

Region(s) Represented	Turkey
Organizations Involved	Istanbul Birth Academy Birth with No Regret Centers

Briefly describe your service/organization/facility.

Istanbul Birth Academy was founded in 2010 under the philosophy of “Birth with No Regret.” We chose this nomenclature because so many women in our country and around the world have so many regrets about many aspects of their birth experiences, whereas we seek to provide an environment and model of care that leads to birth with no regret.

Birth with No Regret entails a birth that starts on its own (unless there is a strong medical indication to induce), in which the natural hormones are actively secreted under optimum conditions, that proceeds with few or no interventions, and after which babies meet their mothers with uninterrupted skin-to-skin contact immediately after birth. We strive to achieve our goal that no one present at the birth has any regrets about how the labor and birth proceeded or

their outcomes. Our birth team consists of an obstetrician, a midwife/doula, and a birth psychologist. This latter professional is our unique contribution; the birth psychologist is responsible for helping both the family and the other birth professionals deal with and work through their emotions and be clear about their desires and goals. A cornerstone of our model is our childbirth education process—all our families complete our 18-hour childbirth education course so that they will be fully informed about their birth options and can make informed and evidence-based decisions.

In addition to caring for our mothers, babies, and families, the members of İstanbul Birth Academy also carry out trainings to help other birth professionals learn to practice our model and create practices similar to ours around our country.

Describe the population in terms of social and economic status

As of 1 January 2015, the population of Turkey was estimated to be 76 770 446 people. This is an increase of 1.23 % (935 800 people) compared to population of 75 834 646 the year before. In 2014 the natural increase was positive, as the number of births exceeded the number of deaths by 897 124. Due to external migration, the population increased by 38 676. The sex ratio of the total population was 0.995 (995 males per 1 000 females) which is lower than global sex ratio. The global sex ratio in [the world](#) was approximately 1 016 males to 1 000 females as of 2014. See also [map of the world by sex ratio](#) of total population.

Below are the key figures for Turkey population in 2014:

- 1 359 715 live births
- 462 591 deaths
- Natural increase: 897 124 people
- Net migration: 38 676 people
- 38 284 968 males as of 31 December 2014
- 38 485 478 females as of 31 December 2014

Please describe your history in working with and supporting mother and baby friendly childbirth.

We have been working as natural birth advocates since 2006 through childbirth education and MotherBaby Friendly Natural Births. In 2010 we created İstanbul Birth Academy for our future work. Since then we have been working as advocates for the IMBCI and striving to implement its 10 Steps in our practice.

2011 we were invited to sit on the committee of Mother-Baby-Friendly Hospitals organized by the Ministry of Health. I was in contact with IMBCI so most of its Steps were incorporated into the Turkish MBFH rules. Since then 5 pilot hospitals organized but didn't really work because the training and the core and philosophy of the IMBCI was missing. The committee at the moment is not really working but there are 3 new pilot hospitals organized. Unfortunately it became something like a political issue.

As IBA, we have Birth With No Regret teams for every birth we participate in consisting of an obstetrician, a midwife/doula, and a birth psychologist. Our results are very good with cesarean rates at 18%, induction rates 8%, epidural rates 4%, episiotomy rates 8% and most of the other interventions lower than 10%. But most important is that unless there is a real emergency, all decisions are made by the couple. That's the main secret of the Birth With No Regret Team.

All the babies have late cord clamping and skin-to-skin contact after every birth, including cesareans, and are never separated from their mothers under any condition.

And now we train other doctors, midwives, doulas, birth psychologists, yoga trainers, and nurses to participate in future Birth With No Regret Teams.

Please tell us the three most important reasons for your request to be an MBnet.

1. To support natural, humanistic, holistic birth all over the world and to show that it is everywhere.
2. To be the representative of Turkey and put some action and pressure on the government so that they do not spoil the name of Mother Friendly Hospitals which is very new for Turkey.
3. To have a better future with the babies who come to world with a maximum loving capacity and optimum bonding.

Your Mission, Vision, and Goals as an MBnet

Mission: We believe every woman everywhere should have the opportunity to have a respectful, humanistic birth. We work for this through education, support and advocacy.

Vision: To be one of the main companies and associations which has a major role in childbirth education and optimization of birth environments in Turkey and the world.

Outline your primary goals.

1. To make childbirth education known and respected among families as well as health professionals.
2. To train more childbirth educators, doulas, birth psychologists and obstetricians.
3. To bring some kind of international standardization for childbirth education.
4. To train women through childbirth education and make them realize their rights for birth. Teach them to demand these rights with cooperation with the health system.
5. To train hospitals for a humanistic, holistic birth.
6. To be in contact globally with other birth workers to create a bigger power for change.

Define the strategies for achieving your goals.

1. Training more students that will be our voice.
2. Using social media to wake up families.
3. Using social media and professional conferences to wake up birth professionals.
4. To have good contact with the Ministry of Health for the real optimization of Mother Friendly Hospitals.

Please describe what you have to share with other MBnetters – experience, materials, projects, activities, skills.

1. Know-how about especially private childbirth education and birth service.

2. Experience with talking to obstetricians. ☺
3. Workshops all over the world.
4. Any statistics they need.

What Kind of Providers Attend Births in Your Region(s)?

Midwives	Attend approximately	100 % of births (only midwife 20%)
Obstetricians	Attend approximately	90 % of births
Family Physicians	Attend approximately	0 % of births
General Practitioners	Attend approximately	0 % of births
Nurses	Attend approximately	0 % of births
Traditional Birth Attendants	Attend approximately	0 % of births
Others	Attend approximately	doulas and birth psychologists (very new)

Maternal Care Services Provided in Your Community (Please Describe)

Prenatal	In the cities mainly obstetrician-based, in the country midwife-based.
Labor/Doula Support	Very new and very few. Only in big cities. There are at most 25 active doulas.
Intrapartal	96 % hospital-based.
Childbirth Education	Also new concept. There was significant opposition but that is lessening now. REAL childbirth education is hard to find, but we are working to improve that situation.
Breastfeeding Education	No problem
Postpartum Care	On demand , mainly when there is pathology
Other	

Facility Applicants & Individual Care Providers Only

Maternal Care Services Provided (Please Describe)

Prenatal	All included, monthly visits, prenatal psychologist visits (father and grandparents included, home visit by the midwife in the last 3 weeks
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Labor/Doula Support	By a midwife, doula and birth psychologist
Intrapartal	Obs, midwife and births psychologist are all at the hospital for support and care.
Childbirth Education	18 hours Birth With No Regret childbirth education classes, including psychodramas as well as all needed topics (relaxation, breathing, positions, interventions, preferences, fathers role etc.)
Breastfeeding Education	6 hours before birth, and home visit after birth.
Postpartum Care	They usually do not need. Just routine visits.
Other	

Facility Applicants Only

Data Collection

How many births per year?

2010-2014 100 births (25 births year)

Current Outcomes:

Normal spontaneous births	Occur	82 %
Labor induction	Occur	8 %
Oxytocin augmentation	Occur	8 %
Operational vaginal deliveries (vacuum)	Occur	4 %
Cesarean sections	Occur	18 %
Elective cesarean	Occur	1 % (severe hypertension)
Vaginal birth after 1 cesarean	Occur	4 %
Vaginal birth after 2 cesareans	Occur	1 %
Vaginal birth after more than 2 cesareans	Occur	%
Epidural	Occur	4 %
Episiotomy	Occur	8 %

Facility Applicants Only

Routine Procedures Used in Your Facility for "All" Healthy Women and Newborns

Laboring Women

- Intravenous line for women in labor NO
- Continuous electronic monitoring NO
- Systematic rupture of membranes NO
- Episiotomy in nulliparous women NO
- Episiotomy in multiparous women NO
- Vertical (upright) deliveries YES

- Choice of position during childbirth YES
- Maternal restriction of movements during labor NO
- Other _____
- _____
- _____

Newborns

- Skin to skin contact – baby to mother’s chest immediately after birth if possible YES
- Immediate warming and drying
- Clean cord care
- Delayed Cord Clamping YES
- Early initiation of breastfeeding YES babies do that on their own ☺)
- 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.

The IMBCI describes the meaning of holistic, humanistic and MotherBaby Friendly birth rules in a very simple but evidence-based way. All birth workers must do their best to achieve these goals. We do this in our private practice but I believe that it is possible in every hospital to attend birth with respect, love and support.

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 MBnet 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)	Hakan Çoker
Signature	
Date	16.11.2015
Name (printed)	Neşe Karabekir Çoker
Signature	
Date	16.11.2015
Name (printed)	
Signature	

Date	
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