



Analysis of the Sociodemographic Characteristics of Infants Abandoned During the Neonatal Period Yenidoğan Döneminde Terk Edilen Bebeklerin Sosyodemografik Özelliklerinin Değerlendirilmesi

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ÖZET

GİRİŞ: Yenidoğan döneminde Çocuk Hizmetleri Genel Müdürlüğü'ne teslim edilen bebekler, dünya genelinde önemli bir halk sağlığı sorunu olarak değerlendirilmektedir. Genellikle aile içi şiddet, sosyal ve ekonomik yetersizlikler, istenmeyen gebelikler, madde bağımlılığı ve mental hastalıklarla ilişkilidir. Terk edilen bebekler, prematürite, düşük doğum ağırlığı, konjenital anomaliler ve enfeksiyon gibi ek sağlık sorunları açısından yüksek risk altındadır. Bu çalışmada, hastanemizde yenidoğan yoğun bakım ünitesinde (YYBU) takip edilen ve sonrasında terk bebek olmaları sebebiyle Çocuk Hizmetleri Genel Müdürlüğü'ne teslim edilen bebeklerin sosyodemografik özelliklerinin incelenmesi amaçlanmıştır.

GEREÇ VE YÖNTEM: Bu retrospektif çalışmada, Ocak 2020- Ocak 2025 tarihleri arasında YYBU'de takip edilen ve terk edilen 30 bebek değerlendirildi. Demografik veriler, gebelik haftası, doğum ağırlığı, ek hastalıklar, madde kullanımı, bulaşıcı hastalık varlığı ve terk edilme nedenleri kaydedildi. Bebeklerin ortalama yatış süresi, klinik seyri ve mortalite oranları analiz edildi.

BULGULAR: Çalışma döneminde toplam 3371 yenidoğan yoğun bakım hastası içinde 30 bebek (0.9%) Çocuk Hizmetleri Genel Müdürlüğü'ne teslim edildi. Bebeklerin ortalama doğum haftası 37 hafta, doğum ağırlığı 2711.8 gramdı. Takip edilen bebeklerin sekizi (26.7%) prematüreydi. En sık terk edilme nedeni, annelerin madde bağımlılığıydı (40%). Annelerin madde kullanımında en yaygın tespit edilen maddeler eroin ve pregabalindi. İkisi (6.7%) göçmen statüsünde aile bebeğiydi. YYBU'de ortalama yatış süresi 34.9 gündü. Bir bebek (3.3%) DIDMOAD tanısı aldı ve ex oldu.

SONUÇ: Ailelerin sosyal destek mekanizmalarına erişiminin artırılması, madde bağımlılığına yönelik rehabilitasyon programlarının yaygınlaştırılması ve erken müdahale stratejilerinin geliştirilmesi, yenidoğan yoğun bakım ünitelerinde terk edilen bebeklerin sayısını azaltmada kritik bir rol oynamaktadır. Bu bağlamda, multidisipliner bir yaklaşım benimsenerek sosyal hizmetler, sağlık profesyonelleri ve hukuki düzenlemelerin entegrasyonu sağlanmalı; böylece, bu bebeklerin uzun vadeli sağlığı ve refahı desteklenmelidir.

Anahtar kelimeler: yenidoğan, terk bebek, sosyal hizmetler

ABSTRACT

INTRODUCTION: Infants delivered to the General Directorate of Child Services during the neonatal period are considered to be a significant public health problem on a global scale. It is usually associated with domestic violence, social and economic inadequacies, unwanted pregnancies, substance abuse, and mental illness. It is well-documented that infants who are abandoned are significantly more likely to experience a range of additional health complications. These include, but are not limited to, preterm birth, low birth weight, congenital anomalies, and infection. This study aimed to examine the sociodemographic characteristics of infants who were followed up in the neonatal intensive care unit (NICU) of our hospital and then handed over to the General Directorate of Child Services due to abandonment.

MATERIAL AND METHOD: In this retrospective study, 30 infants who were abandoned and subsequently admitted to the NICU between January 2020 and January 2025 were evaluated. The following data were recorded: demographic data, gestational week, birth weight, comorbidities, substance use, presence of infectious diseases and reasons for abandonment. The mean length of stay, clinical course and mortality rates were analyzed.

RESULTS: During the study period, 30 infants (0.9%) among a total of 3.371 neonatal intensive care unit patients were referred to the General Directorate of Child Services. The mean gestational age of the infants was 37 weeks, and their birth weights were recorded as 2711.8 grams. Of the infants who were subsequently observed, 26.7% were born prematurely. The most common reason for abandonment was substance abuse of the mothers (40%). Heroin and pregabalin were the most common substances detected in the substance abuse of mothers. Of these infants, 6.7% were classified as having immigrant status. The mean length of stay in the NICU was 34.9 days. One infant (3.3%) was diagnosed with DIDMOAD and died.

CONCLUSION: It is vital to acknowledge the significance of enhancing families' access to social support mechanisms, expanding rehabilitation programmes for substance abuse, and developing early intervention strategies to reduce the number of abandoned infants in NICUs. In this context, a multidisciplinary approach should be adopted, and integration of social services, health professionals, and legal regulations should be ensured; thus, the long-term health and well-being of these babies should be supported.

Key words: newborn, abandoned baby, social services

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INTRODUCTION

A multitude of factors have been identified as posing a significant threat to the health system, including but not limited to severe socioeconomic difficulties and challenges in caring for newborn babies, particularly those related to maternal substance abuse. The number of applications to social service specialists and the number of abandoned babies increase due to a number of factors. These include infertility, risky pregnancies, prenatal detection of diseases in the fetus or embryo, medical complications such as miscarriage and stillbirth, substance abuse of the mother or family members, family conflicts, unwanted pregnancies, poverty and adaptation problems experienced in the transition to parenthood (1).

Despite the advocacy of the 1967 International Covenant on Economic, Social and Cultural Rights, the 1989 United Nations Convention on the Rights of the Child and UNICEF's State of the World's Children annual reports advocate that every child has the right to a fulfilling and enriching life, infant abandonment remains a pervasive global problem with significant effects on the well-being and survival of infants. In this context, infant abandonment is regarded as one of the most serious forms of child abuse, which has maintained its prevalence in the country for a long time (2-4). The abandonment of newborns has been demonstrated to result in severe consequences, including fatality (5). Research has indicated that infants left behind are susceptible to mortality, with survival being a matter of significant concern (6). The factors contributing to abandonment of infants can be complex and multifaceted and include social, economic and cultural aspects (7). The confluence of economic hardship and sociocultural factors has been identified as a catalyst for the abandonment of children by their parents (8). It is known that maternal substance use in particular creates risks that may adversely affect the whole life of the fetus, newborn and developing child. Substance use in pregnant women has increased more in the last thirty years and affects approximately 225,000 newborns in the USA every year (9). Recent data from the Ministry of the Interior of the Republic of Turkey indicates a substantial increase in the number of substance sales and patients receiving treatment in comparison with the previous year (10).

There is a lack of studies on abandoned infants in our country. Revealing the socioeconomic and sociocultural status of families and revealing the reasons for abandonment of babies will be enlightening in terms of the measures to be taken. The objective of the present study was to raise awareness of this issue by evaluating the cases of abandoned babies in the neonatal intensive care unit of the hospital.

MATERIAL AND METHODS

The study comprised 30 infants who were born between January 2020 and January 2025 at the Health Practice and Research Centre Ankara Training and Research Hospital and who were abandoned by their families for any reason and delivered to the General Directorate of Child Services after interviews with social workers. The demographic characteristics, comorbidities, hospitalisation days and mortality rates of the subjects were recorded. The reasons for abandonment and substance use in the family were questioned. Congenital infectious diseases such as hepatitis B, hepatitis C, HIV and syphilis were analyzed. Prior to the initiation of the study, ethical approval was obtained from University of Health Sciences Ankara Training and Research Hospital Clinical Research Ethics Committee on 20.12.2023 (Approval number E-23-1481).

Statistical Analysis

The data analysis was conducted using SPSS 22.0 (IBM SPSS Statistics, IBM Corporation, Armonk, NY). The Kolmogorov-Smirnov and Shapiro-Wilk tests were employed to ascertain the distribution of the data. Numerical variables were expressed as median (minimum and maximum) and categorical variables as percentage.

RESULTS

During the study period, 3371 patients were hospitalized in the NICU. A total of 30 infants (representing 0.9% of live births) were referred to the General Directorate of Child Services. The demographic characteristics of the infants are presented in

Table 1. The demographic characteristics of the infants

Sex, n (%)	Male 16 (53.3)
	Female 14 (46.7)
Gestational age at birth, weeks (min-max)	37 (32-40)
Birth weight, grams (min-max)	2711.8 (1765 -3905)
Maternal age, years (min-max)	27.3 (16- 40)
≤ 34 weeks of gestation, n (%)	8 (26.7)
Infant from migrant family, n (%)	2 (6.7)

It was observed that none of the mothers had obtained a bachelor's degree. Of the participants, 8 (26.7%) had received a high school diploma, while 16 (53.3%) had obtained a middle-class qualification. It was observed that 3.3% of the mothers were in the adolescent age group. The most prevalent reason for infant abandonment was maternal substance abuse, accounting for 40% of cases (12 patients). As demonstrated in

Table 2. Reasons for abandonment of babies delivered to the Child Services

	Number (%)
Maternal drug or substance use	12 (40)
Sexual abuse	3 (10)
Concern that the mother could not provide care due to psychiatric illness	2 (6.7)
Found baby (place of discovery unknown)	1 (3.3)
Drug addiction of father	1 (3.3)
Unknown reason	11 (36.7)
Total	30 (100)

a number of other reasons were provided.

The most prevalent maternal substance abuse or dependence was heroin 3 (25%), followed by Pregabalin ± alcohol 2 (16.7%), methamphetamine 2 (16.7%), alcohol dependence 1 (8.3%), cannabis 1 (8.3%), suboxone 1 (8.3%), and unknown 2 (16.7%), respectively. The mean highest Finnegan score of the 12 infants hospitalized for this reason was 9.1 (min 3 - max 17). Seven patients required medical intervention. First-line treatment with phenobarbital was initiated, and seizures were successfully controlled in one patient using multiple triple antiepileptic drugs

Table 3. Maternal substance use and neonatal treatments

Maternal substance(s) used n (%)	Finnegan score	Main neonatal treatment
Heroin 3 (25.0)	7–17 (min–max)	Phenobarbital (n=2), Phenobarbital+Morphine+ Levetiracetam (n=1)
Pregabalin ± alcohol 2 (16.7%)	5-12 (min–max)	Phenobarbital (n=2)
Methamphetamine 2 (16.7%)	3	None
Alcohol dependence 1 (8.3%)	4	None
Cannabis 1 (8.3%)	6	None
Suboxone 1 (8.3%)	7- 9 (min–max)	Phenobarbital (n=1)
Unknown 2 (16.7%)	5-12 (min–max)	Phenobarbital + Levetiracetam (n=1)

In instances of substance use or suspected substance use, breastfeeding had to be discontinued in all cases. A mere 13.3% of infants received breast milk exclusively. Pyloric stenosis was diagnosed in an infant whose mother had a history of pregabalin and alcohol use disorder, and the infant underwent surgical intervention. A neonate was referred from a hospital to our facility due to severe hypothermia. It was ascertained that the infant was initially abandoned on the street following a home birth and subsequently entrusted to the hospital as an abandoned newborn. The infant was admitted to the emergency department with a rectal temperature of 29°C, and phenobarbital was initiated due to the presence of a seizure. Following the transfer to the unit, cranial CT revealed the presence of a subgaleal hematoma measuring 5 mm in the thickest part of the right frontoparietal region, in addition to subdural haemorrhage in the bilateral tentorium cerebelli, with greater prominence on the right. A CT scan of the abdomen revealed almost complete infarction of the right kidney, with the exception of a focal preserved area in the upper pole. Electroencephalography (EEG) results were normal. Subsequent to the administration of treatment, the infarct area diminished in size, the cranial haemorrhage exhibited signs of regression, and right renal blood flow was observed to be reduced. The infant was subsequently placed into the care of social services at the age of 87 days. It is a matter of concern that three infants have been born as a consequence of abuse. One of the subjects was attempted to be sold by the family and was subsequently abandoned at the hospital. One infant was referred to an external centre for MRI evaluation due to suspicion of birth trauma. Subsequently, the child was referred to the Child Service, as the family could not be contacted. A patient whose family could not be contacted while hospitalized in the intensive care unit was diagnosed with DIDMOAD syndrome and died. All infants were investigated for congenital infectious diseases. Two mothers were found to have syphilis, one had HIV, one had gonococcal conjunctivitis, and one baby had congenital CMV. The appropriate treatment was administered to the babies. The mean duration of hospitalisation was found to be 34.9 days, with a range of 7 to 186 days. The median length of stay for those with preterm birth (<34 weeks of gestation) was 34 days (min 5–max 186), and no statistically significant difference was observed when compared to those without preterm birth ($p=0.08$). However, the median length of stay for infants of substance-using mothers was 34 days (min 23 -max 76), which was statistically significantly longer than that for infants of non-substance-using mothers (range: 5–186 days). ($p=0.001$).

DISCUSSION

In our study, the sociodemographic characteristics of infants delivered to the institution via the social services unit in a hospital where socioeconomically disadvantaged parents are concentrated were evaluated. These findings of this manuscript reveals a complex, layered crisis in neonatal care, which demands a mezzo-level social work intervention alongside medical provision, emphasizing active and sustainable follow-up. Infants who are abandoned or left without parental care are taken under state protection in accordance with the principle of the best interests of the child as defined by Law No. 5395 on Child Protection in our country. Following the

child's transfer to state custody, the social worker contacts the Provincial Directorate of Child Services to initiate a formal protection order. Subsequently, the social worker ensures the placement of the infant in an appropriate institution, such as a children's home or a foster care facility. In addition, continuous communication is maintained with the family to develop a reunification or family support plan, when deemed feasible, in order to promote the child's long-term welfare and stability.

In 2009, in a recent comprehensive study based on national data in Turkey revealed that the rate of infant mortality due to neglect or abuse was 0.1% (11). The promotion of attachment processes during the prenatal and postnatal periods has been identified as a potential strategy for identifying newborns at risk of abuse and infant mortality (12). Lvoff et al. analyzed the abandonment rates of infants in a maternity hospital 6 years before and 6 years after changes in mother-infant contact. The mean (\pm SD) infant abandonment rate decreased from 50.3 ± 5.8 per 10,000 births in the first 6 years following the implementation of the Baby Friendly Hospital Initiative to 27.8 ± 8.7 per 10,000 births in the following 6 years (13). There were no infant deaths due to neglect or abuse in our study. In a study evaluating women with HIV infection in Russia, unwanted pregnancy was reported as the most important factor affecting the decision for leaving the baby. Other important determinants included lack of partner and family support, drug use, fear of birth defects or disability, negative attitudes of medical professionals and poor socio-economic status. Interventions such as training of health personnel and women on HIV prevention and treatment, increasing social support and strengthening foster family and adoption programmes for HIV-affected families have been suggested (14). In our study, the most common cause of infant abandonment was maternal drug or substance abuse.

The absence of any severe congenital anomaly in the newborns examined in this study suggests that congenital deformity was not a primary contributing factor to the abandonment of the infants. This finding is consistent with other studies in the literature, and similar results have been reported in the literature (15,16). A study conducted in our country found that 27.6% of abandoned newborns were preterm, with the majority of the mothers being young and the majority of the newborns being born as a result of unwanted pregnancies under conditions carrying risk factors for preterm birth (17). Our study demonstrated that 26.7% of the infants were born at <34 weeks of gestational age. It was observed that none of the patients had abandoned due to the presence of a severe congenital anomaly.

As McGowan et al. reported, migrant mothers discharged from the NICU were more at risk with regard to infant welfare and access to health services (18). Edward and Hines-Martin's research yielded the finding that migrants and refugees have a significant need for access to emergency health services and chronic disease management (19). In the present study, two infants from immigrant families were included. The socioeconomic difficulties experienced by migrant families, in conjunction with the barriers they face in accessing healthcare services, may increase the possibility of infants being placed into the care of social services. This situation necessitates the strengthening of preventive services and the development of early intervention programmes for migrant families. In the present study, the number of infants from migrant families were with only two cases (6.7%) being identified. It was hypothesized that this was due to the ease of access to health resources in the country.

A study was conducted on a sample of 70 news articles on 0-24-month-old babies, published between March 2018 and March 2023, in three of the highest circulating newspapers in Turkey. The study found that 67.1% of the babies were left in areas such as homes, mosques, streets, hospitals and workplaces. The fact that infants were primarily abandoned in locations where they could be found indicated that parents were willing to allow their offspring to survive (20). In light of this, Safe Haven laws in the USA seek to reduce infant mortality by encouraging the placement of babies in designated safe areas (6). These legal provisions, implemented in all 50 states across the United States, effectively legalize the abandonment of newborns at designated health facilities without any legal recourse for the parents. The legal system is designed to ensure the safety of abandoned infants by protecting them from any potentially fatal consequences and by providing them with secure public protection. Social workers overseeing the process are able to swiftly determine the baby's legal status and organize adoption and foster care procedures. There is an absence of a relevant legal

organization in our country. In our study, 2 (6.7%) infants were delivered to the hospital from outside the facility. One was an unknown individual, and one infant was brought to the hospital emergency department by its mother. Establishing Safe Haven-type emergency drop-off points or anonymous delivery options could prevent unsafe abandonment cases.

In a long-term study conducted in Western New York State, both parents were provided with information regarding the dangers of vigorous baby shaking and alternative interventions for persistent baby crying prior to the discharge of the infant from the hospital. The incidence of abuse-related head injuries decreased by 47% during the 5.5-year study period. The authors emphasized that a coordinated, hospital-based parent education programme targeting parents of all newborn infants could significantly reduce the incidence of abusive head trauma among infants and children younger than 36 months (21). In the present study, there was one case of an abandoned infant with intracranial haemorrhage, but insufficient information was available to determine whether the patient had been traumatized or not.

Previous studies have shown that lower maternal educational attainment is associated with higher risk of infant abandonment. For instance, Wilson et al. explore the impact of educational attainment on factors related to neonatal homicide. The study revealed that victims of neonatal homicide were predominantly mothers of a younger age, unmarried, non-Hispanic, Black, and with lower levels of education (22). A study of abandoned babies in Turkey, conducted between 2008 and 2015, revealed that the majority of the mothers (74.6%) demonstrated a low educational attainment, with a secondary school education or less (23). Friedman et al. also reported that low levels of education resulted in an increased rate of baby abandonment (24). In the present study, 16 of the mothers (53.3%) had completed middle-class education and none had obtained a bachelor's degree.

A qualitative study conducted in Nigeria revealed that infant abandonment is due to multifactorial causes and has significant health and social impacts. They advocated an urgent shift from the current reactive approach to more proactive planning to effectively reduce this problem (25). Protective interventions should be designed to prevent infant abandonment, and a comprehensive approach addressing the underlying causes and consequences of this phenomenon should be developed. In the contemporary context, perinatal social workers are entrusted with pivotal responsibilities that encompass the evaluation of psychosocial and medical challenges experienced by families from the onset of pregnancy. These professionals are further tasked with the direction of families towards long-term support services, the cultivation of parent-child bonds, and the promotion of health services and community resources. Risk factors such as inadequate parenting, domestic violence, poverty, substance abuse and perinatal infections have been identified as potential causes of serious complications in the postnatal period. In a qualitative analysis conducted by Karaçam et al. in our country, the quantitative part of the study revealed the following responses regarding the abandonment of unwanted babies by women: it should never be abandoned (27%), it is very sad (25%), it creates anger (25%), and it is frustrating (13%). The majority of women stated that babies should never be abandoned and, if there is no other option, they should be left in safe environments because of the possibility of being found (26). However, it is important to note that a sufficient level of structuring in the field of perinatal social work expertise has not yet been achieved in our country (27). The most significant limitations of this study are that it was retrospective, single-centre and there was limited sociodemographic data about the families. The number of patients was small due to single-centre data. Furthermore, the research did not ascertain whether the family adopted the baby again after the babies were given to the General Directorate of Child Services, nor did it provide information on the general health status of the babies. However, given the absence of studies addressing this subject in our country, it is anticipated that this study will contribute to the extant literature, particularly as it pertains to the important study of the incidence of abandoned babies in a region characterised by a low socioeconomic level.

CONCLUSION

The present study emphasizes the multifactorial nature of infant abandonment and highlights substance abuse, socioeconomic deprivation, and lack of social support as primary underlying causes. Consequently, medical social work professionals must be in-

tegrated into the care continuum for the early identification of pre-natal and postnatal maternal risks, providing supervisory support for mother-infant attachment through assessments in antenatal settings, and actively engaging in evaluations for significant social vulnerabilities like substance dependence, abuse, poverty, and migration. The social worker's crucial role within the multidisciplinary team is further highlighted by their responsibilities in prenatal family psychosocial assessments, social support plan development, and facilitating group-based interventions for expectant and new mothers. This proactive social work engagement is imperative for preventing infant abandonment, ensuring maternal access to social entitlements, promoting peer solidarity, and adeptly managing the psychosocial complexities of pregnancy. Ultimately, the institutional recognition and expansion of perinatal social work expertise within the health sector is a long-term imperative that will strengthen protective, empowering, and solidarity-based outcomes for the mother, infant, and the broader societal perception of gestation.

MT: Developed the study concept, collected and curated the clinical data, and drafted the initial manuscript. TŞ: Contributed to the methodology and statistical analysis plan, performed the formal analyses and data visualization, and critically reviewed and revised the manuscript for important intellectual content. DK: Supervised the conduct of the study, facilitated access to clinical resources, contributed to validation of the findings, and critically revised the manuscript. All authors read and approved the final version of the manuscript and agree to be accountable for all aspects of the work.

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