

instructed to look at identification badges of nurses and hospital personnel who come to take infants and not to relinquish their infants to anyone without proper identification. Mothers are also advised not to leave the infant alone in the crib while they shower or use the bathroom; rather, they should ask to have the infant observed by a health care worker if a family member is not present in the room. Parents and staff are encouraged to use a password system when the newborn is taken from the room as a routine security measure. The nurse should document in the chart that these instructions were given and that appropriate identification band checks are routinely made throughout each shift. Nursing staff are also educated regarding the “typical” abductor profile and to be constantly aware of visitors with unusual behavior.

The typical profile of an abductor is a female between the ages of 12 and 55 years (generally is in early 20s) who is often overweight and has low self-esteem; she may be emotionally disturbed because of the loss of her own child or an inability to conceive and may have a strained relationship with her husband or partner. The typical abductor may also be seen visiting the newborn nursery or neonatal intensive care unit area before the abduction and may ask questions about the care of or the health of a specific newborn. The abductor may familiarize herself with the hospital routine and may also impersonate a health care worker. Parents are made aware of the fact that infant safety measures must be implemented in the home as well. Measures to prevent and decrease infant abduction after discharge to the home include avoiding the publication of birth announcements in the local newspaper and avoiding using yard decorations to announce a newborn's arrival ([National Center for Missing and Exploited Children, 2015](#)).

Eye Care

Prophylactic eye treatment against **ophthalmia neonatorum**, infectious conjunctivitis of the newborn, includes the use of (1) silver nitrate (1%) solution, (2) erythromycin (0.5%) ophthalmic ointment or drops, or (3) tetracycline (1%) ophthalmic ointment or drops (preferably in single-dose ampules or tubes). All three are effective against gonococcal conjunctivitis. *Chlamydia trachomatis* is the major cause of ophthalmia neonatorum in the United States; topical antibiotics (tetracycline and erythromycin) and silver nitrate