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TRUST CLINICAL GUIDELINE

Baby Abduction & Newborn Security

Overview

This guideline aims to:

- To prevent the abduction of babies from the hospital environment during the immediate postnatal period.
- To keep mothers and birthing parents, and babies together, ensuring early infant attachment and wellbeing.
- To provide guidance on the process to follow in the event of suspected or actual baby abduction.

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Baby Abduction & Newborn Security

1.0 Introduction

University Hospitals Sussex (UHSussex) NHS Foundation Trust is committed to meeting its statutory and legal responsibilities to provide a safe and secure working environment. This guidance outlines the responsibility that employees have in the promotion of a secure environment for themselves and others.

Baby and infant safety and the prevention of abduction are a priority within the Women & Children's Division.

Employees of UHSussex in partnership with mothers and birthing parents and their families, will comply with all organisational and local safety and security measures in existence. This will involve education of staff, mothers and visitors, the distribution of visiting guidance and adherence to individual unit precautions and security systems i.e. identification bands and 'access swipe card' systems.

2.0 Scope

This guidance applies to staff working within the maternity, portering, security and switchboard departments.

3.0 Responsibilities

Staff have the responsibility to:

- Access, read, understand and follow this guidance.
- Use their professional judgement in the application of this guidance.
- Uphold the principles of good practice outlined in the guidance and act swiftly in the event of a suspected infant abduction.

Management are expected:

- To ensure the guidance is reviewed as required in line with Trust and National recommendations.
- Senior/Lead Midwives/Nurses must ensure that the effectiveness of the guidance is monitored through the facilitation of inclusion in mandatory training and practice drills.

Service users are expected:

- To respect and adhere to visiting hours and their allied restrictions outlined in the guidance

4.0 Abbreviations used within this guideline

CCTV Closed-Circuit Television	ID Identification
NNU Neonatal Unit	SCBU Special Care Baby Unit

5.0 Good practice points to ensure safety of babies and infants

5.1 Mother or birthing parent and baby

- Women and birthing people admitted to the maternity department should have an identification (ID) band; stating their name, hospital number and date of birth, placed on the wrist or ankle.
- Newborn babies should have two identification bands placed on ankles as soon as possible after birth. Details recorded on the band must include:
 - baby's sex
 - mother or birthing parent's full name
 - baby's hospital number
 - date and time of birth.

This includes all readmissions to the hospital after the birth.

- These must be checked with the mother and birthing parent or partner or a 2nd member of staff. 2 ID bands should be in place at all times until the baby is discharged home.
- Mothers and birthing parents should be reminded to be vigilant at all times and asked to notify a member of staff if 2 ID bands are not in place at any time. They will be replaced at this time.

5.2 Staff

All staff entering the units must wear identity badges with photograph and name clearly displayed.

Staff will ensure any information about prohibited visitors will be circulated with other staff on shift, to include all areas of Maternity and NNU/SCBU. Security will also be informed if appropriate.

5.3 Visitors

Wards in the maternity department are locked and operated by a door buzzer system for non-staff members. This ensures visitors entering will need to identify themselves to staff. Visitors are also asked not to let other people in at the same time but to ask them to buzz and wait.

5.4 Security measures

The midwife will check the baby ID bands with the mother or birthing parent or birth partner or a 2nd member of staff following birth, prior to placing them on the baby.

The presence of 2 baby identification bands will be checked daily whilst in hospital. If an ID band is missing, it will be replaced immediately.

The midwife responsible for care of family would be aware of if baby needs to be moved from the ward (e.g. for treatment/investigations in different hospital departments)

5.5 CCTV

CCTV is available and images are kept for 28 days. Security can arrange for the images to be kept for longer if required for evidence.

6.0 Action in the event of a suspected or actual baby abduction

(See [appendix 1](#))

6.1 Immediate action

On suspecting abduction of a baby, the midwife will confirm the abduction and then inform the person in charge of the ward.

The alarm will be raised by a '2222' phone call to switchboard using the phrase

'**MATERNITY LOCKDOWN**' followed by the affected ward, which will alert them to contact the following relevant staff members by emergency bleep (see [appendix 1](#) & [appendix 2](#)):

- Security
- Porters
- On-call maternity bleep holder/coordinator
- Clinical site manager
- On-call Paediatric/ Neonatal registrar
- On-call obstetric registrar
- On-call Paediatric/Neonatal matron / senior nurse
- On-call Obstetric Consultant

Call security immediately after 2222 call to give a description of suspected persons.

THE WARD SHOULD INFORM POLICE IMMEDIATELY ON 9 999

Maternity bleep holder to coordinate and inform Maternity Manager on Call. They will inform the Senior Maternity Manager on Call.

The following should be also notified:

- Head of Midwifery
- Ward managers of adjacent wards
- Director of Midwifery
- Communications manager
- On Call hospital Executive
- Facilities manager

The on-call maternity bleep holder (or ward manager) will mobilise staff and co-ordinate proceedings.

Secure entrances and exits to ward area. This will be carried out by available staff members, porters and /or security personnel.

Ensure staff do not handle or remove any of the abducted baby's clothing, blankets, equipment & cot.

The Baby / Infant Abduction log ([appendix 2](#)) should be used to document proceedings.

6.2 Porter and security actions

Portering and security will follow their lockdown guidance to secure the hospital. [UHSC074 Missing persons](#)

The portering and security services at will organise supervision of the hospital exits identifying key exits relevant to the incident.

6.3 Ongoing actions

Midwifery staff will be delegated to:

- Move the mother or birthing parent of the abducted baby/infant to a private area for comfort and support and to remain with them throughout.
- Check the bands of all remaining babies/infants on the ward.
- Inform other mothers and birthing parents regarding the situation in order that a state of alert can be maintained.
- Reassure the mothers and birthing parents on the ward and provide support.
- Arrange for family members to be informed and request their attendance on the ward to support the mother or birthing parent.

- Observe and follow where possible the abductor if event witnessed and description of person obtained but must ensure personal safety.
- Search immediate areas, i.e. wards, toilets, corridors, offices.

Staff will be expected to co-operate with the police by giving an accurate history of events in the ward prior to or during the abduction.

Media enquiries will be managed via the Trust's Communications Manager (see [appendix 1](#)) in conjunction with the senior management team and the police department.

A multidisciplinary case review will take place within 24 hours of the event occurring and findings reported accordingly.

Opportunity will be provided for staff and women and birthing people to reflect on the situation, and professional support and advice offered based on the individuals' needs by the senior midwife/nurse. This may include a debrief for staff involved in the incident.

7.0 Monitoring

Issue being monitored	Monitoring method	Responsibility	Frequency	Reviewed by and actions arising followed up by
Baby Abduction	Datix	Patient Safety Midwives	On-going	Maternity Quality & Safety Meeting

Maternity and paediatric staff will be educated about the risk of baby abduction. Training will be carried out locally in the form of 'Practice Drills', undertaken to ensure staff are familiar with the relevant action to be taken in the event of abduction.

Appendix 1: Quick Guide - Action in the event of baby / infant abduction

PROCEDURE	RATIONALE
INFORM	
<ol style="list-style-type: none"> 1. Abduction suspected. 2. Confirm abduction and raise the alarm – call '2222' and state: 'MATERNITY LOCKDOWN' and location of suspected abduction. This will alert: <ul style="list-style-type: none"> • Security • Porters • On-call Maternity bleep holder/coordinator • On-call Obstetric Consultant • On-call Obstetric Registrar • On-call Paediatric/Neonatal Registrar • On-call Paediatric/Neonatal matron / senior nurse • Clinical Site Manager 3. Call Security immediately after 2222 call to give a description of suspected persons. 4. Phone police on 9 999. 5. Maternity bleep holder to coordinate and inform Manager on Call. They will inform: <ul style="list-style-type: none"> • Senior manager on call <p>The following people should also be notified:</p> <ul style="list-style-type: none"> • Ward managers of adjacent wards • Head of midwifery • Director of Midwifery • Communications Manager • On-call Hospital Executive 	<p><i>Prevent delay</i></p> <p>PROTECT CRIME SCENE</p> <p><i>Mobilise staff and co-ordinate proceedings</i></p> <p><i>Security will escalate their lockdown procedure once contacted by area with description.</i></p>
ACT	
<ol style="list-style-type: none"> 1. Secure entrance and exits to ward area. 2. Commence Baby/ Infant Abduction Log. 3. Staff will not remove the empty cot or touch any of the clothing and the room will be secured. 4. Senior / Lead Midwife to delegate tasks: <ul style="list-style-type: none"> • Moving mother or birthing person of abducted baby to a private area and stay with them. • Observe/follow abductor if identified (ensure personal safety). • Check remaining ward areas. • Comfort and support other women & birthing people. 5. Check other babies' ID bands. 	<p><i>To ensure all staff and visitors remain in area. To ensure clear documentation of event.</i></p> <p><i>Needed as evidence by the police.</i></p> <p><i>Provide support and comfort.</i></p> <p><i>Halt the abduction.</i></p> <p><i>Ensure baby not held elsewhere.</i></p> <p><i>To reassure women during a stressful time.</i></p> <p><i>Check identity, ensure mother & baby bands match.</i></p>
6. Co-operate with the police	<i>Aid the investigation</i>
<ol style="list-style-type: none"> 7. Direct media attention to Communications and Engagement Team: Office hours: Reporters should email: uhsussex.media@nhs.net Out of hours: 01903 285285 to reach the colleague on-call. 	<i>To channel media attention via the correct sources in conjunction with the police.</i>
STAND DOWN	
1. Inform all when situation returns to normal.	<i>Facilitate return to normal duties</i>
2. Complete Datix Incident Form.	<i>Compliance with Trust policy</i>

Appendix 3: Guideline Version Control Log

Version	Date	Author	Comment
1.0	January 2025	Sarah Barwick, Named Midwife for Safeguarding	New Trust wide guideline replacing: <ul style="list-style-type: none">• CG15006 Baby Abduction (SRH&WH)• MP059 Baby Abduction (PRH&RSCH)• MP075 Newborn Security (PRH&RSCH)

Appendix 4: Due Regard Assessment Tool

To be completed and attached to any guideline when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the document/guidance affect one group less or more favourably than another on the basis of:		
	Age	No	
	· Disability	No	
	· Gender (Sex)	No	
	· Gender Identity	No	
	· Marriage and civil partnership	No	
	· Pregnancy and maternity	No	
	· Race (ethnicity, nationality, colour)	No	
	· Religion or Belief	No	
	· Sexual orientation, including lesbian, gay and bisexual people	No	
2.	Is there any evidence that some groups are affected differently and what is/are the evidence source(s)?	No	
3.	If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?	NA	
4.	Is the impact of the document likely to be negative?	No	
5.	If so, can the impact be avoided?	NA	
6.	What alternative is there to achieving the intent of the document without the impact?	NA	
7.	Can we reduce the impact by taking different action and, if not, what, if any, are the reasons why the guideline should continue in its current form?	NA	
8.	Has the document been assessed to ensure service users, staff and other stakeholders are treated in line with Human Rights FREDA principles (fairness, respect, equality, dignity and autonomy)?	Yes	

If you have identified a potential discriminatory impact of this guideline, please refer it to [Insert Name], together with any suggestions as to the action required to avoid/reduce this impact. For advice in respect of answering the above questions, please contact uhsussex.equality@nhs.net 01273 664685).

Appendix 5: Template Dissemination, Implementation and Access Plan

To be completed and attached to any guideline when submitted to Corporate Governance for consideration and TMB approval.

	Dissemination Plan	Comments
1.	Identify:	
	Which members of staff or staff groups will be affected by this guideline?	Maternity staff, switchboard, portering and security.
	How will you confirm that they have received the guideline and understood its implications?	Dissemination through the usual communication channels and highlighted at Safety Huddles. Leads for switchboard, portering and security will be notified and asked to disseminate to their staff.
	How have you linked the dissemination of the guideline with induction training, continuous professional development, and clinical supervision as appropriate?	All new members of staff are shown where to access Clinical documents that are relevant to their area of practice.
2.	How and where will staff access the document (at operational level)?	Accessed by staff via Sharepoint.

		Yes/No	Comments
3.	Have you made any plans to remove old versions of the guideline or related documents from circulation?	Yes	Previous versions will be archived as part of the uploading onto sharepoint process.
4.	Have you ensured staff are aware the document is logged on the organisation's register?	Yes	Dissemination plan includes notifying staff via email, departmental noticeboards, and safety huddles. Library to add links to other relevant sections of sharepoint.