

# Baby Abduction Policy

Maternity Protocol: MP059

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## Key Principles

Brighton and Sussex NHS Trust (BSUH) is committed to meeting its statutory and legal responsibilities to provide a safe and secure environment for staff, service-users and visitors. Baby and infant safety and the prevention of abduction are a priority within the Children and Women's Division.

This guidance outlines the responsibility that employees have in the promotion of a secure environment for themselves and others. Employees of BSUH, in partnership with women 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.

## The purpose of this protocol is:

- To prevent the abduction of babies from the hospital environment during the immediate postnatal period
- To provide guidance on the process to follow in the event of suspected or actual baby abduction
- This guidance applies to staff working within the maternity, portering, security and switchboard departments.

## Responsibilities, Accountabilities and Duties

*Maternity staff, portering, security and switchboard staffs 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 restrictions outlined on posters/notices on the wards

# 1 Definition

Abduction of a baby/infant is when a baby/infant is removed from the ward it is admitted to without the mother/parents consent and without the consent of ward staff. This includes by a family member or by a person unknown to the family

# 2 Policy

## 2.1 Mother and Baby

- 2.1.1 Women 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 on admission.
- 2.1.2 Newborn babies should have 2 identification bands placed on ankles as soon as possible after birth. Details on the band must include: baby's sex, mother's surname, hospital number, date and time of birth (these should be printed from PAS) if any delay for any reason then hand written with minimum details as above
- 2.1.3 These must be checked with the mother / father or a 2nd member of staff.
- 2.1.4 2 ID bands should be in place at all times until the baby is discharged home.
- 2.1.5 Parents should be asked to notify a member of staff if 2 ID bands are not in place at any time.
- 2.1.6 On the postnatal wards there is a scheme for partners to stay overnight. These people should be recorded on the staff handover sheet and be made known to the ward staff.
- 2.1.7 Parents are made aware that members of hospital staff are identified by their hospital ID cards, and to inform a member of staff if any person unknown to them attempts to remove a baby / infant.
- 2.1.8 Babies admitted directly to TMBU or SCBU should have hand-written label as above prior to leaving the labour ward until printed one is available.

## 2.2 Staff

- 2.2.1 Awareness of this policy will be part of the maternity induction for midwives and support staff.
- 2.2.2 All staff entering the units must wear identity badges with photograph and name clearly displayed.
- 2.2.3 Relevant staff will have swipe card access to maternity and paediatric ward areas in line with organisational policy for Children and Women's Division.
- 2.2.4 Maternity staff will be educated about the risk of baby abduction. Training will be carried out locally to ensure staff are familiar with the relevant action to be taken in the event of abduction.
- 2.2.5 Staff will ensure any information about prohibited visitors will be circulated with other staff on shift, to include all areas of maternity and TMBU/SCBU. Security will also be informed if appropriate
- 2.2.6 In the event of a staff member losing their ID swipe card, they must ensure the old card is deactivated and a new card obtained
- 2.2.7 When staff leave the organisation the ID swipe card must be returned to their manager who will without delay notify security to have the card deactivated

## 2.3 Visitors

- 2.3.1 Wards in the maternity department are locked and operated by a door buzzer system for non-staff members.
- 2.3.2 There is swipe card access and exit only for both Postnatal and Labour ward at RSCH
- 2.3.3 This ensures visitors entering will need to identify themselves to staff and that all visitors exiting can only do so with door activation from staff.
- 2.3.4 Visitors are asked not to let other people in at the same time but to ask them to buzz and wait.
- 2.3.5 During structured visiting times there will be increased vigilance.

### **3 Immediate Action in the Event of a Suspected or Actual Baby Abduction**

#### **3.1 Midwife in charge of ward area:**

- 3.1.1 Inform Security 7474 immediately
- 3.1.2 Contact POLICE via switchboard on 999 immediately
- 3.1.3 Inform Maternity Unit Coordinator Bleep 8161 (RSCH) or ext 8484 (PRH).

### **4 Maternity Unit Coordinator will coordinate the response until stood down**

- 4.1 Inform the portering services (ext 3250) so that additional porters are made available to assist with search/securing the ward/all hospital exits/entrances.
- 4.2 Request security/porters to secure all exit/entrances to the hospital premises
- 4.3 Secure entrances and exits to ward area.
- 4.4 Secure the immediate vicinity of the ward to preserve evidence. This can be carried out by available staff members, porters and /or security personnel.
- 4.5 Ensure no-one (patients, visitors or staff) leaves or enters ward unless necessary (i.e. to delivery suite) or until Police advise otherwise
- 4.6 Organise a search for the baby in all areas of the ward
- 4.7 Ensure staff do not handle or remove any of the baby's clothing, blankets, equipment & cot.
- 4.8 Allocate a member of staff to care for mother and organise a single room for privacy
- 4.9 Maintain confidentiality throughout
- 4.10 Complete a Datix report
- 4.11 Commence log (see appendix 1 of protocol)
- 4.12 CCTV security will be checked and reviewed immediately when alarm is raised.

## **5 During office hours (Mon-Fri 08.00-17.00)**

- 5.1 Inform the Head of Midwifery – ext 4375 or mobile 07770704253
- 5.2 Inform the Midwifery Matron for hospital services –4632 (RSCH) or 8482 (PRH)
- 5.3 Inform the on-call Consultant Obstetrician and Neonatologist via switchboard

## **6 Out of hours (17.00-08.00 weekends/Bank Holidays)**

- 6.1 Inform on-call maternity manager via mobile numbers provided in each unit daily sheet folder and request his/her attendance
- 6.2 Inform Clinical Site Manager Bleep 8152 (RSCH) or via switchboard at PRH who in turn will inform on-call manager, Executive Director on Call and Public Relations Officer/communications officer.

## **7 The Manager on call or Head of Midwifery on arrival to the unit will:**

- 7.1 Inform the on-call Manager and Exec Director on Call via switchboard – dependant on site manager instruction
- 7.2 Take over the role of coordination from the maternity unit coordinator if appropriate
- 7.3 Organise a facility to be used as a control centre with phone/internet connection for use by Police, security and other personnel during the incident
- 7.4 Assist the police
- 7.5 Assist with press enquiries via the PR team only
- 7.6 Ensure adequate staffing for Ward areas throughout the incident to maintain security of mothers and babies
- 7.7 Keep maternity staff apprised of situation
- 7.8 Reassure the parents and other patients on the ward
- 7.9 Will commence a time-line to assist Police and for use in the investigation



## **8 Ongoing Actions**

- 8.1 Midwifery staff will be delegated to:
  - 8.1.1 Move the parents/family of the abducted baby/infant to a private area for comfort and support
  - 8.1.2 Check the bands of all remaining babies / infants on the ward
  - 8.1.3 Reassure the mothers on the ward and provide support.
  - 8.1.4 Arrange for family members to be informed and request their attendance on the ward to support the mother.
  - 8.1.5 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
  - 8.1.6 Media enquiries will be managed via the Trust's Communications Manager in conjunction with the senior management team and the police department.

## **9 Porter and Security Actions**

- 9.1 The portering and security services will organise supervision of the hospital exits to ensure no persons can enter or leave until clearance is received from Maternity Bleep Holder.
- 9.2 Delegated persons will observe and follow where possible the abductor if event witnessed and description of person obtained but must ensure personal safety.
- 9.3 A delegated staff member will search immediate areas, i.e. wards, toilets, corridors, offices.
- 9.4 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.
- 9.5 Opportunity will be provided for staff and women to reflect on the situation, and professional support and advice offered based on the individuals' needs by the senior midwife/nurse.

## **10 Dissemination and Implementation**

This protocol will be circulated to all staff and be made available on the intranet. All staff will receive a copy of this protocol during induction to the unit.

## **11 Training Implications**

Maternity and neonatal staff will be educated about the risk of baby abduction. Training will be undertaken to ensure staff are familiar with the relevant action to be taken in the event of abduction.

## **12 Monitoring Arrangements**

This guidance will be audited following each reported abduction incident to ensure the correct processes have been followed.

**Appendix A: Baby / Infant Abduction Log**

The Location	
Date	
Time	
Hospital	
Ward	

The Child	
Male/Female	
Age	
Ethnicity	
Wearing	
Distinguishing features	

The Abductor	
Male/Female	
Age (approx.)	
Ethnicity	
Wearing	
Distinguishing features	
Related to child?	

Immediate action (insert times)		
Call to security		
Call to 999 police		
Adjacent wards contacted	L11 L12 L13 L14 A&E RACH A&E	Bolney Ward CDS SCBU Horsted Keynes A&E
Stand down received		

<b>Additional staff contacted (insert times)</b>	
<b>Manager on call</b>	
<b>Head of Midwifery</b>	
<b>Site Manager</b>	
<b>On call hospital manager</b>	
<b>On call hospital executive</b>	
<b>Communications manager</b>	
<b>Facilities manager</b>	

## 13 Due Regard Assessment

(Standard Text – each policy writer can add to the below as they see fit)

BSUH NHS Trust has a statutory duty to assess and consult on whether planning, policies and processes impact service users, staff and other stakeholders with regard to age, disability, gender (sex), gender identity, marriage or civil partnership, pregnancy and maternity, race (ethnicity, nationality, colour), religion or belief and sexual orientation. It recognises that some people may face multiple discrimination based on their identity. A review of the assessed impact of this policy against these criteria can be seen

### Due Regard Assessment Tool

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

		Yes/No	Comments
1.	<b>Does the document/guidance affect one group less or more favourably than another on the basis of:</b>		
	• 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.	<b>Is there any evidence that some groups are affected differently and what is/are the evidence source(s)?</b>	No	
3.	<b>If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?</b>	No	
4.	<b>Is the impact of the document likely to be negative?</b>	No	
5.	<b>If so, can the impact be avoided?</b>	N/A	
6.	<b>What alternative is there to achieving the intent of the document without the impact?</b>	N/A	

7.	<b>Can we reduce the impact by taking different action and, if not, what, if any, are the reasons why the policy should continue in its current form?</b>	N/A	
8.	<b>Has the document been assessed to ensure service users, staff and other stakeholders are treated in line with Human Rights FREDAs principles (fairness, respect, equality, dignity and autonomy)?</b>	?	