

## Baby Abduction Guidance

<b>Summary statement: How does the document support patient care?</b>	By providing information and guidance for staff in the event of a baby abduction
<b>Staff/stakeholders involved in development:</b>	Senior midwives, security department, facilities and estates, switchboard
<b>Division:</b>	Women and Children's
<b>Department:</b>	Maternity
<b>Responsible Person:</b>	Chief of Service
<b>Author:</b>	Postnatal Ward Managers
<b>For use by:</b>	UH Sussex West staff in the maternity, paediatric, portering and security departments
<b>Purpose:</b>	To Inform and support staff in the actions to take if a baby abduction is suspected or occurs.
<b>This document supports:</b>	
<b>Key related documents:</b>	<a href="#">wshft-lockdown-policy-v3-reviewed-april-2020.pdf</a>
<b>Approved by:</b>	Joint Obstetric Guideline Group
<b>Approval date:</b>	22 <sup>nd</sup> December 2021    Uploaded: 4 <sup>th</sup> January 2022
<b>Ratified by Board of Directors/ Committee of the Board of Directors</b>	N/A - divisional ratification only
<b>Ratification Date:</b>	N/A – divisional ratification only
<b>Expiry Date:</b>	December 2024
<b>Review date:</b>	June 2024
<b>If you require this document in another format such as Braille, large print, audio or another language please contact the Trusts Communications Team</b>	
<b>Reference Number:</b>	CG15006

Version	Date	Author	Status	Comment
1.0	February 2015	Postnatal Ward Managers and CQC Midwife	Archive	New Trustwide guidance
2.0	May 2018	Postnatal Ward Manager	Archive	Extension due to wait for Trust wide “lockdown” guideline
3.0	August 2018	Postnatal Ward Manager C Harris	Archive	Updated guideline
4.0	December 2021	S. Clarke & A. Bennett, Ward Managers. C. Harris, Maternity Matron	LIVE	Triennial review. Confirmed with switchboard at both sites Maternity Lockdown emergency call is valid, portering and security staff involved in reviewing this guideline is fit for purpose.

**The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician.**

**If in doubt contact a senior colleague or expert**

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# Baby Abduction Guidance

## 1.0 Aim

- To prevent the abduction of babies from the hospital environment during the immediate postnatal period.
- To keep mothers 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.

## 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 Introduction

University Hospitals Sussex NHS Foundation Trust West (UHSussex West) 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 West, in partnership with mothers/birthing parent 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.

## **5.0 Good practice points to ensure safety of babies and infants**

### **5.1 Mother/parent and baby**

- Women/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 hand written identification bands placed on ankles as soon as possible after birth. Details recorded on the band must include: baby's sex, mother's full name, baby's hospital number, date and time of birth. These should be replaced by printed from sema helix once available. This includes all readmissions to the hospital after the birth.
- These must be checked with the mother/parent/partner or a 2nd member of staff. 2 ID bands should be in place at all times until the baby is discharged home.
- Mothers 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.
- On the postnatal wards there is a scheme for partners to stay overnight. These people are identified on the office productive ward and known to the ward staff.
- Parents are made aware that members of hospital staff are identified by their hospital ID cards, and to inform a member of staff any person unknown to them attempts to remove a baby / infant.

### **5.2 Staff**

- Awareness of this policy will be part of the annual mandatory training for midwives and support staff.
- All staff entering the units must wear identity badges with photograph and name clearly displayed.
- Maternity 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.

### **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.

- During structured visiting times there will be increased vigilance.

#### 5.4 Security measures

- The midwife will check the baby ID bands with the mother / birth partner or a 2<sup>nd</sup> 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.
- Neonatal antibiotics at SRH will be given on the ward by neonatal staff to prevent movement off of ward. Any babies that need to be transferred upstairs need to be accompanied by a member of staff.
- Any baby returned to the ward must be handed over to maternity staff.
- Babies leaving the ward area should be documented on the whiteboard by the person transferring the baby, and documented on the whiteboard when returned to the ward area.

#### 5.5 Swipe card access to ward areas

- Relevant staff will have swipe card access to maternity and paediatric ward areas in line with organisational policy for swipe card access to areas within the Women & Children's Division.
- 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.
- When staff leave the organisation for employment elsewhere, the ID swipe card must be returned to their manager who will without delay (whether they have the ID card or not) notify security to have the card deactivated.

#### 5.6 CCTV

CCTV is available and images are kept for 31 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 action cards in the appendices):

- Security
- Senior porter
- On-call maternity bleep holder
- Clinical site manager
- On-call paediatric registrar
- On-call obstetric registrar
- On-call paediatric matron / senior nurse
- On-call Obstetric Consultant

## **THE WARD SHOULD INFORM POLICE IMMEDIATELY ON 9 999**

The following should be informed as appropriate:

- Head of Midwifery or Matron
- Midwife Manager on-call
- Emergency Planning Officer (contacted through Switchboard)

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

The following people should be notified of proceedings as soon as possible:

- Facilities Manager
- Communications Manager
- On-call Hospital Executive

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

## **6.2 Porter and security actions**

### **SRH:**

08.00 – 16.00 (Mon-Fri) – car park wardens to cover the West block ground floor exits (DSU will be asked to do the same for their exit) and 1<sup>st</sup> floor link corridor. No members of the public, patients and staff to enter or leave until clearance given by Maternity Bleep Holder or Lead Porter. Porters and security personnel to liaise with affected ward area, to take instruction and start search for suspected abductor.

16.00 – 08.00 and weekends/bank holidays – same as above except porters to cover west block exits.

**WH:**

The portering and security services at Worthing hospital will organise supervision of the hospital exits to ensure no persons can enter or leave until clearance is received from Maternity Bleep Holder.

### **6.3 Ongoing actions**

Midwifery staff will be delegated to:

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

Delegated persons will observe and follow where possible the abductor if event witnessed and description of person obtained but must ensure personal safety.

A delegated staff member will 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 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.

CCTV security will be checked and reviewed at the first available opportunity.

Opportunity will be provided for staff and women/birthing people to reflect on the situation, and professional support and advice offered based on the individuals' needs by the senior midwife/nurse.

## **7.0 Training**

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.



## 8.0 Monitoring/Audit

Ensure the following through regular ID band audits:

All inpatient mothers/parents have ID band in situ as per UH Sussex West guidance

All inpatient infants with correct ID bands in situ as per UH Sussex West guidance

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

Mandatory Training will audit the questions below, putting a mark in the yes or no column as to whether staff answered in accordance with this guideline.

<i>Ask staff members</i>	Yes	No
Do you know where to find the baby abduction guidance?		
Who should you inform immediately about potential baby abduction?		
How do you raise the alarm?		
Who calls the police and how?		
What action should you take to secure the ward?		
What else can you do?		
Who deals with media enquiries?		

### Reference

[wshft-lockdown-policy-v3-reviewed-april-2020.pdf](#)

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

PROCEDURE	RATIONALE
1. Abduction suspected 2. Confirm abduction and raise the alarm – call '2222' and state: <b>'MATERNITY LOCKDOWN'</b> followed by affected ward. This will alert: <ul style="list-style-type: none"> <li>• <b>Security</b></li> <li>• <b>Porters</b></li> <li>• <b>On-call Maternity bleep holder</b></li> <li>• <b>On-call Obstetric Consultant</b></li> <li>• <b>On-call Obstetric Registrar</b></li> <li>• <b>On-call paediatric Registrar</b></li> <li>• <b>On-call Paediatric matron / senior nurse</b></li> <li>• <b>Clinical Site Manager</b></li> </ul> 3. Phone police on 9 999. 4. Secure entrance and exits to ward area. 5. Commence Baby/ Infant Abduction Log.	Prevent delay <b>PROTECT CRIME SCENE</b> Mobilise staff and co-ordinate proceedings  To ensure all staff and visitors remain in area. To ensure clear documentation of event.
6. Maternity bleep holder to coordinate and inform: <ul style="list-style-type: none"> <li>• <b>Head of Midwifery or Matron</b></li> <li>• <b>On-call Midwife Manager (once on-call manager informed – can they then inform the others below)</b></li> <li>• <b>Communications Manager</b></li> <li>• <b>On-call Hospital Executive</b></li> </ul>	
7. Senior / Lead Midwife to delegate tasks: <ul style="list-style-type: none"> <li>• Moving mother of abducted baby to a private area and stay with her</li> <li>• Pursue/observe abductor if identified (ensure personal safety)</li> <li>• Check remaining ward areas</li> <li>• Comfort and support other women</li> <li>• Check other babies' ID bands</li> </ul>	Provide support and comfort. Halt the abduction. Ensure baby not held elsewhere. To reassure women during a stressful time.  Check identity, ensure mother & baby bands match.
<b>8. Staff will not remove the empty cot or touch any of the clothing.</b>	<b>Needed as evidence by the police.</b>
9. Co-operate with the police	Aid the investigation
10. Direct Media Attention to Head of Communications and Engagement Mobile: 07801 025 121 Office 84970 WH/33194 SRH	To channel media attention via the correct sources in conjunction with the police
11. Inform all when situation returns to normal	Facilitate return to normal duties
12. Complete Datix Incident Form	Compliance with Trust policy

## Appendix 2: Baby / Infant Abduction Log

The Location			
Date	Time	Hospital	Ward

The child			
Male/Female	Age / DOB	Ethnicity	Clothing

The Abductor				
Male / Female	Age (approx)	Ethnicity	Description	Related to child?

Immediate Action			
Time of '2222' call	Time of #5 999 to Police	Adjacent wards contacted	'Stand down' received

Additional Staff Contacted	
Name	Time
On-call MOC	
Head of Midwifery or Matron	
On-call Senior Nurse Practitioner	
On-call Hospital Manager	
Communications Manager	
Facilities Manager	
On-call Hospital Executive	
On-call Consultant	

Wards contacted	
Ward / Dept	Time
Postnatal	
Labour Ward	
ANC	
NNU	
Children's ward	
A & E	

Names of all staff on duty	