

# Angel's Cradle

## 1. Introduction

The Angel's Cradle provides a safe haven for newborn babies anonymously relinquished. It is located at St. Paul's Hospital and is accessible to the public from outside the Emergency Department entrance. An angel sign, visible from the street, indicates the cradle's location.

The repository is a built-in portal, accessible from a protected area just outside of the entrance to the Emergency Department, as well as from inside the department itself. There is an alarm with a thirty-second delay from the time that the door has been opened, to allow the parents/caregivers sufficient time to put the baby in the bassinet and leave the area.

The Angel's Cradle operates under the principle of full anonymity for any person who relinquishes custody of their baby in this manner.

See [Appendix A](#) for additional information.

### 1.1. Scope

This policy is applicable at St. Paul's Hospital only and applies to the Emergency Department, Pregnancy, Birthing and Newborn Centre & NICU, Departments of Obstetrics & Gynecology, Department of Pediatrics, Social Work, Mission, Ethics & Spirituality, Communications, and Providence Health Care (PHC) Administration.

## 2. Policy

PHC is committed to providing a safe haven for newborn babies that are abandoned at St. Paul's Hospital.

Anonymity of the parents and newborn will be maintained at all times. Staff or security will not approach the person(s) dropping off the baby and will allow them to remain anonymous.

The birthing person's privacy with respect to the baby will be maintained if they present to the Emergency Department for care. Staff and security must maintain the anonymity of the baby drop-off.

The baby will be given necessary medical treatment and will either be admitted to the St. Paul's Hospital Neonatal Intensive Care Unit (NICU) or will be transferred to another hospital's NICU or pediatric unit.

A hospital Social Worker will contact the Ministry of Children and Family Development (MCFD). A ministry representative will take the infant into the custody of the ministry.

Hospital personnel are not permitted to contact the media regarding a baby left in the Angel's Cradle. Any media requests must be referred to the Communications Department, and only authorized personnel may speak to the media on behalf of the hospital.

### 2.1. Compliance

All staff members are responsible for adhering to this policy and monitoring their activities in accordance with the policy. Staff members may warn others if they observe a violation of this policy. Failure by staff to comply with this policy may result in disciplinary action up to and including termination of employment, services or privileges.

## 3. Responsibilities

### 3.1. Emergency Department

- Emergency Department (ED) staff (Triage RN and/or Trauma/Outreach RN and CNL/CN) will check the Angel's Cradle when the alarm sounds at the Triage desk and Main Nursing Station
- If an infant is in the cradle, ED staff will register the infant to the Trauma room or most appropriate patient care space and bring the Pediatric crash cart to the patient
- The Triage nurse will page overhead in the Emergency Department, for an emergency Physician and Outreach Team to the patient care space immediately
- If infant resuscitation is required, activate Code Pink Neonate to Emergency Department Trauma Room
- The ED care team will attend the Trauma Room and a designated member of the team will alert the following:
  1. ED CNL/CN/UC will contact the Pregnancy, Birthing and Newborn Centre CNL/CN
  2. The St. Paul's Hospital Pregnancy, Birthing and Newborn Centre CNL/CN will call the pediatrician on-call and notify NICU staff
  3. A NICU RN will respond immediately to the ED
  4. The pediatrician on-call will respond to the ED as soon as possible
- The ED care team assesses and stabilizes the baby. The assessment includes a complete physical examination including vital signs, newborn weight, and glucometer reading. Once baby is stable to transfer to NICU, other recommended investigations and treatments will include:
  - CBC and differential, HIV serology, Hepatitis B and C serology, glucose, RPR, blood culture, skin swabs for GBS and MRSA
  - Urine for toxicology screen

- Vitamin K IM and erythromycin ointment to both eyes to all babies
- Consider ampicillin, gentamicin and acyclovir in appropriate clinical setting
- Other bloodwork at the discretion of the ER physician or pediatrician
- Blood work can be completed in the Emergency Department but should not delay transfer
- Following stabilization of the infant, ED staff alert the Clinical Coordinator
- Emergency Department Porter and NICU RN will facilitate transfer of the infant to the NICU at St Paul's Hospital Pregnancy, Birthing and Newborn Centre
- If the infant is injured or deceased, ED staff calls Police, Social Worker and, if deceased, the Coroner

### 3.2. Pediatrician

- Examines and assesses the baby
- Completes appropriate documents in consultation with Risk Management and Social Work

Following the Pediatrician's assessment, the pediatrician determines the disposition of the infant using the following criteria:

- If the infant appears to be greater than 14 days old, facilitate transfer to a pediatric facility (i.e. BCCH, LGH, RH, BH, RCH). The pediatrician will be responsible for arranging the bed line transfer
- If the infant is determined to be less than 14 days old, the infant will be admitted to the NICU at St. Paul's Pregnancy, Birthing and Newborn Centre
- If the baby requires transfer to another facility for medical or NICU census reasons, this will be arranged by the pediatrician through the Patient Transfer Network
- Assess for potential infectious risk, i.e. open sores, wounds, pustules and potential infectious diseases. If current NICU patients may be put at risk and isolation of the infant is required, transfer infant to an alternate facility

### 3.3. Pregnancy, Birthing and Newborn Centre

During regular hours the Patient Care Manager and the CNL or CN on duty for the Pregnancy, Birthing and Newborn Centre notifies the following people:

- The Leader-on-Call and Communications Lead
- Pediatrician on-call
- Emergency Department Patient Care Manager
- Social Worker
- Director of Risk Management
- Program Director for Pregnancy, Birthing and Newborn Centre & NICU

Pregnancy, Birthing and Newborn Centre will:

- Admit infant via Emergency Department
- Place the infant on Contact Isolation until MRSA status is determined
- Provides care in the usual fashion until the MCFD finds an emergency Foster home

The Pregnancy, Birthing and Newborn Centre Social Worker completes the following:

- An affidavit detailing how St. Paul's Hospital came in to possession of the baby and related details that might be important in the case. The affidavit must be notarized and sent to vital statistics by social worker.

### 3.4. Clinical Site Coordinator

If the relinquishment occurs after regular hours, the Pregnancy, Birthing and Newborn Centre CNL or CN will notify the Clinical Site Coordinator then will notify the Leader on-call and Communications Lead

The Clinical Coordinator will also notify, via e-mail the following people:

- The Patient Care Manager and Program Director for the Pregnancy, Birthing and Newborn Centre
- On-call Pediatrician
- Emergency Department Patient Care Manager
- Pregnancy, Birthing and Newborn Centre Social Worker
- Director of Risk Management

## 4. Documentation

- Baby will be admitted with last name (VPP Angels Cradle) and first name (Baby Girl/Boy) until a designated Identification is determined by MCFD
- Follow video of the workflow process. [https://youtu.be/WmuqOGPEu\\_w](https://youtu.be/WmuqOGPEu_w)
- Document Assessment in CERNER → Interactive View → NICU Systems Assessment

## 5. Appendices

### APPENDIX A: BACKGROUND INFORMATION

Providence Health Care (PHC) has a long tradition of providing compassionate care for those who need it most. The Angel's Cradle provides a safe haven for newborns given up by parents/caregivers who are not able to provide care for them.

While there are adoption options for parents/caregivers in the Lower Mainland who wish to give up their babies, parents/caregivers in crisis are sometimes hesitant to access these resources because they want to remain anonymous. A parent/caregiver in these circumstances could speak to her family doctor, a representative from the Ministry of Children and Family Development, or a hospital social worker to discuss her options. There are also Crisis Centres throughout Greater Vancouver where parents/caregivers can call or drop in to talk to a counsellor. The Angel's Cradle is a last option for parents/caregivers who does not feel she can access other options. The Cradle provides a repository where parents/caregivers can anonymously and safely relinquish their infant.

The procedure for dealing with abandoned infants at the hospital has not changed; PHC is simply providing a safe place for parents/caregivers to anonymously relinquish their infants instead of leaving them in a place that puts the baby at risk. Once a health assessment has been done and any necessary medical treatment has been given, the baby will be placed in the care of the Ministry of Children and Family Development (MCFD). The MCFD may attempt to identify the parents; however, this will be done in isolation of Providence Health Care. The Vancouver Police Department has stated that they will not seek charges or pursue the parents/caregivers, unless there is evidence of abuse.

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