# Security of the Newborn

| | |
|---|---|
| **Document Type:** | Clinical Guidelines |
| **Ref:** | (For Non-Clinical References – Contact: CTM_Corporate_Governance@wales.nhs.uk For Clinical References – Contact: CTM_ClinicalPolicies@wales.nhs.uk |
| **Author:** | Catherine Warlow |
| **Executive Sponsor:** | Executive Nurse director |
| **Approved By:** | Postnatal forum, guideline group |
| **Approval / Effective Date:** | September 2025 |
| **Review Date:** | September 2028 |
| **Version:** | 2 |

**Target Audience:**

| | |
|---|---|
| **People who need to know about this document in detail** | All Midwifery, Nursing, health care, Obstetric and any other staff that work within maternity services. |
| **People who need to have a broad understanding of this document** | As above and include site managers, switchboard staff, car park security, and portering staff. |
| **People who need to know that this document exists** | All staff as listed above |

**Integrated Impact Assessment:**

| | |
|---|---|
| **Equality Impact Assessment Date & Outcome** | Date: September 2025 |
| | Outcome: no negative impact |
| **Welsh Language Standard** | Choose an item. |
| **Date of approval by Equality Team:** | (00/00/0000) |
| **Aligns to the following Wellbeing of Future Generation Act Objective** | Choose an item. |


**Disclaimer:**

If the review date of this document has passed please ensure that the version you are using is the most up to date version either by contacting the author or CTM_Corporate_Governance@wales.nhs.uk

# Contents

## 1 Aim

This policy is to ensure that Cwm Taf Morgannwg University Health Board (CTMUHB) provides clear written guidance with regard to reducing the risk of abduction of babies from hospitals and birth settings, and the actions to take in the event of a suspected incident.

This policy is aimed at all professionals working within maternity and neonatal areas; and sets out responsibilities of midwives, neonatal nurses, nursery nurses and health care support workers.

As health care professionals, our aim is to optimise the safety of a baby within a hospital environment or birth setting. This aim of this policy is to enhance and compliment the care we provide, to reduce the risk of baby abduction and the distress caused to families, staff and the Health board relating to these incidents.

There is also recognition that this policy needs to be tested, and provides guidance of how this should be achieved. This policy is in addition to Cwm Taf Morgannwg University Health Board Security policies, and is used to compliment, but not replace these policies.

## 2 Objectives

- To correctly identify the newborn following birth and attach correct details in the presence of at least one of their parents.
- To minimise separation between mother and infant.
- To ensure that all staff members who have any contact with the infant wear staff ID badges and clearly state to parents who they are.
- To enable staff to challenge any person who is unidentified within the maternity/neonatal areas and encourage parents to do the same if any unidentified person looks to have contact with their baby.
- To ensure the correct identification of a baby, both before and after transport to another area/unit/setting/hospital, or for treatment of any kind.
- To provide clear guidance to staff of actions needed in the event of a suspected baby abduction, or unauthorised removal of an infant.

## 3 Identification of the newborn baby following birth

- The midwife in charge of the case is responsible for the correct identification of the baby/babies within birth rooms, before leaving theatre, or on admission to a hospital setting from the community.
  In the case of a multiple birth, use cord clamps to identify:
  Twin/Triplet 1 – one cord clamp
  Twin/Triplet 2 – two cord clamps
  Triplet 3 – three cord clamps
  **The baby/babies should remain in the same room as their mother**

- If the baby/babies are required to be separated from their mother before printed and handwritten identification bands are available, temporary handwritten bands should be applied to the ankles of the baby/babies, and a corresponding band placed on the mother's wrist. Details to include are:
  **Boy/girl or infant (if sex unsure) of ….full mothers name**
  **Baby hospital number**
  **Date and time of birth**
  **Also include twin/triplet number if applicable**

- If hand written bands are used identification number on both baby bands and mother's band should match, and be documented (on a green identification sheet in Princess of Wales hospital, and Tirion freestanding midwife-led unit (FMU), Royal Glamorgan hospital and on the MITS paperwork in Prince Charles hospital) and signed as correct by both midwife and mother/parent.

- If electronic bands used, Parents need to check electronic label is correct and printed name bands match prior to signing sheet.

- Hand written armbands (Tirion FMU) or electronic armbands should be generated as soon as possible following birth and checked with the parents to confirm all details are correct, then signing of the green identification sheet or MITS paperwork should be undertaken by the midwife and mother/parent before being applied to the baby's ankle and the mothers wrist. The mother/parent must be completely satisfied that the details are correct before signing the sheet and bands being applied. It is the responsibility of the midwife to ensure that this is performed and correct.

- If unable to be checked by mother/parent then two members of registered staff can check and sign that the information is correct (midwife/neonatal nurse/paediatrician), and once practicable bands will need to be checked with the mother/parent and signed by the midwife and mother/parent. Ideally the mother should sign to confirm infant identification; however, where this is not

possible, the father/partner can sign on their behalf if they have been present from birth.

- In the event of the mother requiring a general anaesthetic, the baby should remain in theatre until transfer to a recovery room together, unless name bands are able to be confirmed with 2 members of staff in theatre, sheet signed to confirm same, and applied to infant prior to leaving theatre to be with the other parent. Name bands should then be checked by the other parent and sheet resigned when baby is brought to them.
  In the event that baby remains in theatre, a member of staff should be nominated to update relatives in room as soon as practicable.

- If bands are being replaced or changed, this should take place in front of the mother/parent and the removed band(s) stapled to the green identification sheet or MITS paperwork. The information on the replacement bands will be checked by midwife and mother/partner and applied to baby and mother and re-signed by the midwife and mother/parent as evidence that the information is correct.

- Pre-printed green identification sheet (for Princess of Wales and Tirion FMU) (APPENDIX 1) will confirm the mothers' and infants' details, provide signatures of the midwife and parent confirming the correct identify of the infant and details of the baby bands. At Prince Charles, the MITS paperwork has a designated sheet for this purpose which should be completed and signed. An explanation of the Bartec/X-Tag system should also be provided to the mother/parents.

## 4 Transfer of a baby to the postnatal ward or neonatal unit

- The transferring midwife/neonatal nurse is responsible for the correct identification of the infant. On arrival to the postnatal ward/neonatal unit, the baby bands should be checked with the transferring staff member and the receiving staff member and the mother if she is present. This should also be checked against any corresponding patient records/neonatal notes, and the greet sheet/MITS paperwork signed (dependant on unit) to confirm correct identification.

- The mother/parents should be encouraged to challenge any person who is removing their baby for any reason if they do not have a staff ID badge, regardless of the reason they are providing to take the baby. At least one parent should be supported to accompany their baby for any test/investigation/examination where this is practicably possible.

- All mothers should have their baby's with them at all times on the postnatal ward, unless medically indicated.

- If a baby needs to be taken from the mother for any reason, the baby bands should be checked with the mother/parent upon the baby's return, to ensure correct identification of the baby.

## 5 Transfer of a baby from the community/birth centre to hospital

- The transferring midwife is responsible for correct identification of the newborn.

- Handwritten bands should be applied to infants' ankles. There should be one on each ankle and one on the mothers' wrist on admission to the hospital, which should be checked with the receiving midwife.

- The receiving midwife is responsible for changing these bands to local hospital bands if required and signing the green identification sheet or MITS paperwork.

## 6 Transfer of a baby to another hospital or department

6.1 In the event that a baby needs to be transferred to another hospital or department, all identification bands should be checked by the mother and midwife/nurse prior to transfer and documented in the neonatal notes.

6.2 On arrival at the transferring unit or department, the identification bands should be checked again with the receiving staff member and documented in line with their policy.

## 7 Daily Identification of baby identification bands

7.1 All baby identification bands should be checked at least once on each shift and documented in the neonatal notes. This is the responsibility of all staff, midwives, neonatal nurses and nursery nurses.

7.2 Mothers/parents should be informed to let staff know if any baby identification bands fall off their baby, to enable them to be replaced.

7.3 Identification of a baby needs to be confirmed before any medication or invasive treatment is administered.

7.4 If there are any baby identification bands that become illegible or have fallen off, then a replacement should be obtained and checked with the mother/parent before re-applying, and the green identification sheet or MITS paperwork should be signed again. The removed band should be stapled to the relevant sheet. Attempts should be made to locate any lost bands, and if found, they should be stapled to the relevant sheet.

7.5 If neither baby identification band is in place; the midwife-in-charge needs to be informed, and all other babies present on the ward will need to be checked to ensure all mothers and babies are correctly identified.

7.6 When the midwife-in-charge is satisfied that there is no mistake in identify of the un-banded baby, new baby identification bands should be obtained and placed upon the un-banded baby and checked with the mother/parent, with the green identification sheet or MITS paperwork. A Datix incident submission should be completed, and the relevant senior lead midwife informed.

7.7 **If the midwife-in-charge cannot positively confirm the identity of the un-banded baby, then the senior lead midwife should inform the Director/Head of Midwifery.**

## 8 Discharge of a baby to the community/home/Tirion birth centre

8.1. When discharging a baby from the postnatal ward, positive identification of all three bands (1 maternal/2 baby) should be made by the discharging midwife and the mother/parent. One of the two baby identification bands should be removed and stapled into the neonatal notes. The discharge section of the green identification sheet or MITS paperwork should be signed by the discharging midwife and mother/parent. All other identification bands should be advised to be left in place until the community midwife has seen the baby at home.

8.2. If the mother is still under the care of the midwife/maternity services, then the procedure as in 8.1 should be followed, and a community midwife visit arranged for the day following discharge from the neonatal unit.

8.3. If the mother is no longer under the care of the midwife/maternity services, then all bands should be checked with the parents and removed in their presence. One band and the medication band should be placed in the neonatal records and the parents given the other.

## 9 Use of the Bartec System (POW/Tirion)

9.1 The Bartec system is a battery-operated box, attached to a cot which connects to a pressure sensitive mattress.

9.2 The system is activated with a specific key for the cot. The parents turn the key and remove it when the baby is in the cot, and if/when a baby is lifted out of the cot, an alarm will sound alerting the staff to the removal of the baby.

9.3 Each mother should be shown how to use the Bartec system whilst on labour ward, or arrival on the postnatal ward, and the corresponding green identification sheet signed by the midwife to evidence this.

9.4 Parents should be encouraged to inform staff if they need to leave their baby alone for a length of time.

9.5 Staff have an override key on the medication keys that can be used to disable the cot if the infant needs any attention whilst the mother is away from the baby. Staff must activate the cot again when the baby is put back in the cot.

9.6 As the mattress is activated from pressure being applied to it, parents should be informed that toys etc. should not be placed in the cot as it could stop activation in an abduction situation and could delay action being taken.

## 10 Use of the baby tagging system (XTag) PCH

10.1 Each baby on the maternity and neonatal unit will wear a security tag. This should be applied and activated as soon as possible following birth/admission and should usually be applied on the labour ward and is the responsibility of the delivering midwife. The MITS paperwork/Green sheet (dependant on unit) should be completed/signed by the mother/parent and Midwife.

10.2 The mother should be informed of the need to ensure the tag remains in place throughout the duration of their hospital stay, and to inform staff immediately if the tag becomes detached.

10.3 If the security system is found to be faulty, this should be highlighted to the midwife-in-charge and the senior lead midwife or senior midwifery manager on-call should be made aware of this, in addition to informing all staff and parents of this failure. The failure should be addressed immediately, and, if this is unable to be repaired within a short period, all parents will be informed and asked to be extra vigilant until the failure is corrected, and visitors may need to be limited during this time.

10.4 If there is a failure of the system, a member of staff **must** be allocated to the door to monitor activity until the system is working. This may be on-site security, or an external security company may be considered. In this event, the senior lead midwife should be advised.

10.5 If the door override system is used to open the electronic doors, or in an emergency, then a staff member **must** be allocated to monitor activity in and out of the ward area whilst the system is in use and all babies should be checked for appropriate identification/security tags.

## 11 Security & Visiting

11.1 The mothers nominated birth partner is supported to visit/attend the hospital as per local arrangements. Visiting times should be clearly signposted/available for new parents.

11.2 Mothers must stay with their baby unless there are medical/social reasons for them to be separated, in which case a nominated person should be allocated to look after the baby. This is usually in extreme circumstances (for example, a mother requiring ITU/HDU care, or going to Court).

11.3 Staff must be made aware of who is allocated to look after the baby and in Child Protection cases, ensure Children's services are in agreement.

11.4 If there is no-one to take responsibility for care of the baby, then a member of staff will be allocated and responsible. If using the Bartec system, then the responsible member of staff will keep the key on their person. In extreme cases, admission to the neonatal unit could be considered. The XTag system in PCH allows for an admission to neonatal unit as a place of safety in exceptional circumstances.

## 12 Abduction of a baby from the maternity/neonatal unit

**The trigger for all incidents will be the discovery or suspected discovery of a missing baby.** The abduction procedure action cards should be instigated immediately upon the suspected abduction and/or disappearance of a baby from Health Board premises.

Upon hearing an alarm from the Bartec or XTag system, or verbalisation from a parent that their baby is missing, staff will need to confirm that the baby is not on the ward.

In POW/PCH, contact switch via 2222 (or in Tirion birth center contact switch via 2222) stating **"Baby abduction, stating the Hospital and ward/area……"** request all hospital exits to be sealed and implement the abduction protocol.

Switchboard will contact porters/security/car park attendants/police/hospital bed manager/midwife-in-charge.

A staff member should be put on each entrance/exit door to the ward and all people stopped from entering or leaving. Ask any visitors to return to the bedside of the person they are visiting.

In PCH, where the XTag tagging system has secured the access doors **DO NOT OVERRIDE UNTIL THE POLICE ARE PRESENT.**

A head count should take place, and maternal and baby identification bands should be checked for all those remaining on the ward, confirming the identity of each baby via their identification bands.

Other ward staff will be required to conduct a search of the ward area, including baggage, suitcases, handbags/lockers. Women and visitors should be informed of the reasons for this, and the doors to each bay area should be closed to minimise disruption and reduce movement of people. All nearby offices/toilets and bathrooms/conference rooms should be searched.

Children's Services/the Emergency Duty Team (EDT), Safeguarding Midwife/Head of Safeguarding should be contacted if the baby is subject to safeguarding concerns or child protection plans/proceedings.

Car park attendants, Porters and hospital security have their own action cards to follow when abduction alert is activated. These can be seen by hospital staff only by clicking the imbedded link within this policy. See APPENDIX 4.

Hospital Manager and a Porter will need to attend Tirion due to the small staffing numbers, to support during this time.

The Bed Manager will contact all other ward areas to stop the movement of people and to contain areas until the search of the hospital is complete and the police have allowed movement to return to normal.

In office hours, the senior lead midwife, Head of Midwifery/Director of Midwifery or Head of Nursing (if the incident relates to the neonatal unit) and Head of Safeguarding will need to be informed.
Out of hours, the senior Midwifery Manager on call and the executive on-call will need to be informed.

If a baby abduction is confirmed, then the Health Board **Major Incident Procedure** should be initiated. The bed/hospital manager should meet the attending police officers and maps of the hospital site should be provided, and all staff will be required to cooperate with the police investigation of the incident.

If the baby is located, the senior lead midwife/nurse should contact hospital switchboard and stand down all staff/teams.

## 13 System Testing

Weekly testing of the effectiveness of the baby tagging system will be carried out by the Head/Deputy of Security at Prince Charles Hospital. A record of the test will be recorded on the system computer.

Daily testing of the 'Emergency baby abduction call' on the Cisco phones are performed and recorded by switchboard in Princess of Wales/Royal Glamorgan Hospital. This call is sent to all allocated personnel needed in the event of a baby abduction.

Monthly baby identification band audits will be completed via the AMAT ward-based audit system to ensure that there is appropriate assurance around the process of baby identification bands/newborn security, with appropriate actions identified and addressed promptly.

Bartec alarms are serviced by the providing company annually to change batteries on the cot units.

Maternity and neonatal services will be responsible for initiating and evaluating a security baby abduction test drill on at least, an annual basis. This will involve a written report and evaluation of the drill, and an action plan for improvement where appropriate.

## 14 Roles and Responsibilities

All staff have a responsibility to optimise the security and safety of all those receiving care within the ward/area/department.

All staff must wear identification badges when on duty; these should be visible for inspection.

Parents are advised/encouraged to:

- Challenge all professionals
- Check identification badges of all staff that provide care
- Accompany their baby/child for all investigations, and/or treatment.

Limit visiting by family and friends to designated visiting hours to minimise security risks

As many tests/treatments as possible are carried out on the ward at the mothers bedside or in the treatment room with mother/parents' present.

Lost or mislaid swipe cards and ID badges should be reported immediately to the line manager and security/General Office/Estates/IT department in the hospital that is applicable to them, and a Datix incident form completed.

All staff should challenge members of the public, visitors or any unidentified person on the ward/unit/area/department without exception.

All staff have a responsibility to ensure they are fully trained in the use of the security system.

Entrance to the department should be via the intercom system, and staff should request details of the woman being visited prior to releasing the doors.

Staff with authorised access should not allow other staff or members of the public into the ward/area/department without checking their identity with relevant ward staff.

At no time should security doors be held or wedged open. If during an emergency when the doors are opened, or failure of the locking mechanism, a member of staff must be allocated to stand and monitor/challenge all individuals entering/leaving.

Staff should report any faults in security systems immediately to the Estates department (if tagging system or door locks) or the manufacturer (if Bartec system) and the midwife/nurse in charge. All failures should be reported via the Health Board

| |
|---|
| Datix incident reporting procedure. |

## 15. Incident Reporting

All activations of this policy and/or baby abduction should be reported via the Datix incident reporting system.

Any security failures should be reported via the Datix incident reporting system, including any limitations/failures highlighted during a baby abduction drill. This is to report and optimise continual improvements with the system currently in place.

## 16. Unauthorised Removal of a Baby from the Maternity/Neonatal Unit.

Removal of a baby from a maternity or neonatal unit is not usually considered to be an 'abduction' unless there is a risk issue; if there is then the abduction procedure must be activated.

Examples of where a baby may be removed from a maternity/neonatal unit are:

- Against medical advice, when a baby is not well enough for discharge.
- The baby is considered to be 'at risk' under the Safeguarding policy.

When the above do not apply, the situation should be regarded as **unauthorised removal.**

Procedure:

Upon discovery that an infant has been removed by parents/carers without authorisation, for example, if they have not been medically discharged or signed a discharge against medical advice.

- A head count and confirmation of identity will be carried out for the remaining babies in the ward.
- Staff should immediately review the ward video surveillance tape, and contact the car park attendants/Security to review any CCTV inside and outside the hospital
- Inform Primary Healthcare Team including: Community Midwife, Health Visitor, General Practitioner
- Contact the home to confirm the whereabouts of the child
- Inform the named midwife for Safeguarding/Head of Safeguarding
- Contact Safeguarding Emergency Duty Team (EDT)
- If parents and baby cannot be contacted within 2 hours, then a multidisciplinary risk assessment should be undertaken to assess whether the abduction policy should be activated, and the police called.
- If during the activation of this policy, it is confirmed that a false alarm has been initiated, staff will be told to 'stand down' by the senior manager on duty, following liaison with the department involved.
- Reversal of the policy will then be undertaken by the senior manager. However, the police will not be informed of this until they arrive on site.
- Co-ordination/communication officer for any hospital search should be the hospital site manager/deputy during normal working hours. The 'Senior Nurse' acting up for the hospital will carry out this role outside normal working hours.
- Stand down only when infant has been safely located.

## 17. De-brief of Staff

It is good practice to de-brief staff following a major incident/event such as a baby abduction. The senior person present should lead the de-brief, and congratulate staff of any noted good practice/teamwork and make note of where improvement within the working team could be made involving all staff and noting their input. At no point should any blame be apportioned to any member of staff.

Any serious incident/event can affect staff emotionally and it is important that staff are aware of internal support services such as wellbeing services/occupational health/line managers/senior staff, who they can approach for ongoing support following the event.

# APPENDIX 1

MATERNITY DEPARTMENT

## MOTHER/BABY POSITIVE IDENTIFICATION FORM

(This form is to be filed in baby's hospital records)

Baby's Hospital Number: .....

Baby's Date of Birth: .....

Sex of Baby: .....

Mother's First Name & Surname: .....

Baby Band Number if temporary Band:.....

**Explanation of Security system given**: Yes / No**Tag applied to baby**: Yes / No **Tag Number**……

Mother's Signature confirming above is correct: .....

Midwife's signature: .....

Ward/NNU Staff Signature upon transfer:.....

**If Baby's change of band is required, please complete again:**

Baby's Hospital Number: .....

Baby's Date of Birth: .....

Sex of Baby: .....

Mother's First Name & Surname:.....

Mother's Signature confirming above is correct:.....

Midwife's /nurses signature:.....

**Discharge process**

Date of mother's discharge: .....

Baby discharged with mum: Yes / No
Confirm positive identification of 3 bands: Yes / No

Mother's Signature confirming above is correct: .....

Discharging Midwife's Signature: .....
Please note: Remove one band from baby and attach to this sheet for filing in the neonatal notes.

## APPENDIX 2

### Midwife/Nurse responsibility when activating the baby abduction policy:

| | |
|---|---|
| PCH/POW dial 2222 or Tirion Birth Centre dial 2222 state:<br>**"Baby Abduction POW/Tirion RGH/PCH (as applicable) on ward….. Please activate baby abduction procedure and secure all exits"** | |
| **Time:** | **Sign:** |
| Allocate staff member to ward exit/entrance and stop all movement of people.<br>If person seen leaving with baby; send another member of staff to follow with description. Send all visitors in ward back to relatives' bed side.<br>**Do not open air lock between doors until police arrival if in PCH.** | |
| **Time:** | **Sign:** |
| Allocate staff member to confirm identity of all babies and perform head count: | |
| **Time:** | **Sign:** |
| Allocate other staff members to begin searching ward areas, informing women and relatives whilst checking all bags/lockers at each bedside and closing doors between bays to limit the movement of people. | |
| **Time:** | **Sign:** |
| Check all toilets, office areas on and near the ward area if able. In the event that ward staff are unable to do this, it should be done by staff members outside ward: | |
| **Time:** | **Sign:** |
| Inform children's service emergency duty team (EDT) if the baby is subject to a Child Protection Plan: | |
| **Time:** | **Sign:** |
| Inform the senior lead midwife/ senior manager on call of baby abduction incident: | |
| **Time:** | **Sign:** |
| Move affected family to quiet/private area. Inform relatives at mothers' request.<br>**Do not touch or let the family touch the cot or belongings of the affected family until the police have attended.** | |
| **Time:** | **Sign:** |

| | |
|---|---|
| | |
| Wait for police to attend and support staff to cooperate fully with the investigation. | |
| **Time:** | **Sign:** |
| Complete Datix incident reporting system | |
| **Time:** | **Sign:** |
| Staff to attend de-brief and support staff to seek internal support if needed after the event. | |
| **Time:** | **Sign:** |

## APPENDIX 3

### Switchboard responsibility upon activation of the child abduction policy.

Activate Child Abduction procedure.

**Inform:**

| | | | |
|---|---|---|---|
| Security | | Porters | |
| Car Park Security | | Site/Hospital Manager | |
| Midwife-in-Charge | | Neonatal Nurse in charge | |
| Police via 999 | | Head of Midwifery/Matron/or Maternity Manager on Call (If OOH) | |

## APPENDIX 4

### Carpark Attendant/Security/Porter Responsibility when Activation of Child abduction Policy

See link to security policy for action Cards

Policies - Facilities

Security Policy.docx

## APPENDIX 5

### Site/Hospital Managers Responsibility when Activation Child abduction Policy:

- Contact All other wards to stop patients/Visitors Leaving and contain traffic of people in hospital
- Liaise with Security, Porters, Carpark attendants to confirm hospital exit/entrances are closed
- Meet with Police Officers and provide them with maps etc to aid investigation and show them to affected Ward.
- Help with Police investigation
- Assist Maternity/Neonatal Staff where able
- Liaise with senior Maternity/Neonatal Managers
- Activate Serious incident Protocol if confirmed abduction
- Attend debrief following incident

## APPENDIX 6

### Midwife/Nurse in Charge of Unit Responsibility when Activation of Child abduction Policy

- Attend the affected Ward and ensure policy is activated appropriately- audit Form
- Liaise with Senior Management- Matron/Manager on Call/assistant Head of Midwifery/Director of midwifery (or Neonatology)/Executive of Hospital on call
- Support Staff appropriately
- Support affected Family
- Aid with allocation of staff to ensure searching of ward is completed as quickly as possible
- Work with police to aid effective investigation.
- Ensure Datix is completed.
- Lead Debrief if more Senior Staff not available
- Be available to Calm and reassure other families as far as possible
- Stand down all staff when appropriate
- Advise all staff to refer media enquiries to Hospital media dept.
- Attend debrief following incident

## APPENDIX 7

## ACTION REQUIRED BY THE PERSON IN CHARGE OF THE WARD

| |
|---|
| Ring 2222 and inform the switchboard that there has been a baby abduction and tell them the location of the incident<br><br>**TIME:** **SIGN:** |
| Secure the unit, close doors, provide re-assurance to visitors.<br><br>**TIME:** **SIGN:** |
| Allocate Staff to confirm all babies and mothers on the ward<br><br>**TIME:** **SIGN:** |
| Inform the Senior Midwife / Nurse in charge of the Neonatal Unit.<br><br>**TIME:** **SIGN:** |
| Provide appropriate support for mother and/or family, and move to a quiet area of the ward. Contact relatives as instructed by the mother.<br><br>**TIME:** **SIGN:** |
| Prevent the removal or handling of any of the child / infant's clothing, equipment, and in particular, the empty cot or bed.<br><br>**TIME:** **SIGN:** |
| Ensure all staff cooperate with the Police by giving any information requested.<br><br>**TIME:** **SIGN:** |