Promotion of Safety and Prevention of Abduction of Babies Guideline

The guidance uses the term "Woman" (Pronouns she or her) to describe individuals whose sex assigned at birth was female, whether they identify as female, male or non-binary. It is important to acknowledge it is not only people who identify as women for whom it is necessary to access women's health and reproductive services. Therefore, this should include people who do not identify themselves as women but who are pregnant or have recently given birth. Obstetric and midwifery services and delivery of care must therefore be appropriate, inclusive and sensitive to the needs of those individuals whose gender identity does not align with the sex that they were assigned at birth.

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Summary of document:
The aim of this document is to promote and ensure security measures which will reduce the risk of potential abduction of a baby.

Scope:
All maternity staff involved in the care of mothers and babies to prevent and mitigate the risk of baby abduction in all maternity units in the Health Board.

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Scope

- All maternity staff involved in the care of mothers and babies to prevent and mitigate the risk of baby abduction in all maternity units in the Health Board.

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Aim

The aim of this document is to:

- To promote and ensure security measures which will reduce the risk of potential abduction of a baby.

Objectives

The aim of this document will be achieved by the following objectives:

- To ensure correct identification of the new-born baby by attaching identification labels to the baby as soon as possible after birth in the presence of one or both parents or on admission to the neonatal unit.
- Wherever possible the mother and baby should be cared for together in the hospital setting to ensure that the chance of separation is minimized.
- If a baby needs to be removed from a ward / neonatal unit for tests or investigations one of the parents should accompany the baby where possible with a member of staff. In the event that this is not possible a member of staff will accompany the baby.
- All staff entering the maternity or neonatal unit should have a photo identity badge clearly displayed.
- All staff should be aware of any unidentified persons entering their ward area and challenge them for identification.
- If a baby requires administration of medications, intravenous therapies or blood samples to be obtained or any invasive procedure their identification is to be checked.

Introduction

- Nationally there have been a number of high profile attempts and actual successful abductions of babies from Maternity departments.
- The risk of abduction of a baby from within a hospital setting is very low however its occurrence could pose significant harm to the baby. The distress and harm caused to the family and the Health Board through media and press interest has the potential to be substantial and long-lasting.
- All employees of Hywel Dda University Health Board, 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, electronic tagging (where applicable) and 'access control key card' systems.

Identification of New-born Baby Immediately after Birth

The National Patient Safety Agency issued a safer practice notice in October 2008 giving recommendations for identification of a baby at birth:

- The midwife in charge of the delivery or receiving the baby is responsible for ensuring that the baby is correctly identified before leaving the delivery room/theatre or on admission to hospital.
- In the case of multiple births, the midwife is to ensure that the baby's birth order is accurately identified following

Electronic Armbands
(See Appendix 5)

The baby's identification is to be added to the system. When the tag is attached an alert will register on the system with a unique tag number.

- The baby's room allocation must be entered into the computer. The midwife is responsible for checking that the data is correct before checking the bands with the mother as soon as possible after the birth.
- The mother must be satisfied that the information is correct before the midwife attaches the bands to the baby in her presence.

All babies following birth should have identification bands

- ✓ The bands will need to be hand written with the following information on each band:
- ✓ Mother's full name
- ✓ Mother's hospital number
- ✓ Sex of baby – shown as Boy/Girl in cases where the sex cannot be assigned the identification band should state "Baby Of [Mother's name]". The should then be confirmed with parent
- ✓ Date and time of birth
- ✓ In the case of multiple births the birth order must also be stated on the identity bands e.g. Twin I/Triplet I, Twin II/Triplet II etc.

- If the mother is unable to confirm identification, the bands should be checked with the father/partner.
- Rarely, it may be necessary for the midwife to identify the baby without confirmation from a parent. In this case, the midwife should have the identity bands checked by a second midwife.
- Where a mother has had a general anaesthetic the baby should remain with the mother when possible, and be transferred from theatre at the same time.

Daily Identification of Babies' Armbands

- Correct identification of a baby in hospital is the responsibility of every member of staff who provides care to babies; mothers should be encouraged to share this responsibility.
- Every shift a midwife / neonatal nurse / nursery nurse should check a baby's identity and record in the notes that both bands are present.
- The identification of a baby must be checked whenever medications or intravenous therapies are administered, blood samples obtained and before any invasive procedure by checking the armbands and medicine band information are present and correct.
- All mothers should be advised to immediately inform a midwife / neonatal nurse if an identity band becomes detached or missing. Identity bands that are loose and can be slipped off must be replaced.

- If one band has become detached or missing, the midwife/nurse must check the remaining band with the mother's arm band.
- If they correspond, a new set of three identity bands can be completed. The mother must be present during this procedure and must check the three identity bands and see the new bands being attached to her baby. This must be reflected on the positive identification form in the baby's records by both midwife and mother.
- Every effort must be made to locate the missing identity band which must be stapled to the mother's maternity record or neonatal notes when found.
- When new bands are required for a baby on the neonatal unit they are to be checked by two nurses against the baby's notes and both midwives must sign on the positive identification form in the baby's records.
- If both bands are detached, even if both are in the cot or in the vicinity, the incident must be reported to the midwife in charge of the ward.
- An immediate review of all mothers and babies bands must be undertaken by the midwife in charge of the ward to ensure the presence of two identity bands on all other babies.
- When the Lead Midwife or midwife in charge of the ward is satisfied that there is no possibility of a mistake in identity, three new identity bands can be made out using information from the mother's notes. These must be attached in the presence of the mother. A record of the new identification number should be made on the positive identification form in the baby's records with signatures of mother and midwife/neonatal nurse.
- A Datix incident must be generated and the on call Midwifery Manager should be informed at earliest opportunity.
- If it is not be possible to make positive identification the Midwifery Manager on call should be contacted immediately.
- The ward manager is responsible for undertaking a monthly Maternity Assurance audit of compliance with the correct procedures for identification of the new-born.

Discharge of a Baby Home from a Postnatal Ward

- When discharging a mother and baby home from a postnatal ward the midwife responsible must check all the identity bands with the mother.
- The midwife will remove one of baby's bands and staple to the designated mother/baby positive identification form in the baby's records.
- This will be signed by the midwife and mother to confirm that the bands are correct at the time of discharge.
    - The mother must be informed not to remove her band or the baby's remaining band until the midwife makes a first visit to her home, where they will be checked again and recorded in the midwifery notes as correct.

Surrogacy Arrangements
See Surrogate Guideline

Baby Admitted to a Postnatal Ward from the Community

- Any baby admitted with the mother from the community, Withybush General Hospital Freestanding Midwifery-led Unit or Bronglais General Hospital Maternity Unit should be identified in line with the Positive Patient Identification Policy.

Abduction of a Baby from a Maternity Unit

- Any unauthorised removal of an infant from the Maternity should be treated as a potential abduction.
- If the electronic baby tagging system alarm system sounds, staff should immediately attend the alarming cot to establish if baby present or not.
- If the correct baby is in the cot deactivate the alarm with the mother.
- If the baby is missing from the cot, the staff must quickly establish the location of the infant.

On suspicion that a baby has been abducted the flow chart must be followed (See Appendix 1)

A member of staff at ward level will contact the switchboard on 3333 and must clearly state 'baby abduction'.

Switchboard will immediately contact the Police on 999 and fast bleep hospital security

A head count and positive identification check will be carried out for the remaining babies on the ward.

Maternity staff must be stationed at each exit point of the ward and other staff must search the immediate vicinity in an attempt to confirm whereabouts of baby.

Maternity staff must stop all individuals trying to leave the unit with baggage, i.e. holdalls, large cases etc.

Who to Inform in the Event of Abduction from a Maternity Unit

- In office hours: Operational Lead Midwife, Deputy Head of Midwifery or Head of Midwifery
- Out of hours: On call Midwifery Manager and the Executive on call via switchboard.
- If a baby is the subject of a safeguarding plan, social services to be contacted.
- If an actual abduction is confirmed, then the Health Board major incident procedure may need to be initiated.

In the Event of a False Alarm

- On confirmation that the baby has been found, the senior person in charge of the area must immediately contact switchboard and stand down all.
- The midwife in charge of the ward/ Midwifery Co-ordinator must review all mothers and parents on the ward and provide reassurance. Any concerns raised must be addressed on an individual basis and escalated to the senior midwifery team as required.

In the Event of Unauthorised Removal of Infant from the Maternity Unit by Parents or named Carers

- Removal of a baby 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 are:
    - Against medical advice when a baby is not well enough for discharge.
    - Baby is considered to be at risk under the Safeguarding Policy.
- When the above does not apply, the situation should be regarded as unauthorised removal.

Procedure

- ✓ Upon discovery that an infant has been removed by parents/carers without authorisation i.e. they have not been medically discharged or signed discharge against medical advice.
- ✓ Inform Primary Health Care Team
- ✓ Health Visitor
- ✓ General Practitioner
- ✓ Contact the home to confirm whereabouts of child
- ✓ Inform the Named Midwife for Safeguarding
- ✓ Contact Social Services
- ✓ Stand down only when infant has been safely located.
- ✓ 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.
- ✓ Staff will immediately review the ward video surveillance tape and contact car park attendants to review video inside and outside the hospital.
- ✓ If the baby has been taken by parents, then initiate procedure for unauthorised removal.
- ✓ If baby cannot be found, continue with abduction policy.
- ✓ A head count will be carried out for the remaining babies on the ward.
- ✓ 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 for any hospital search should be the hospital Site Manager or Deputy during normal working hours. The Senior Nurse acting up for the hospital will carry out this role outside normal working hours.

Security System at Withybush General Hospital Freestanding Maternity Unit / Glangwili General Hospital Alongside Maternity Unit, Glangwili General Hospital Maternity Unit

Security Doors & Security Cameras

- All areas where there are inpatient services for neonates or babies must have locked security doors. This system must be maintained in good working order.
- Security cameras are located on the entrance to each of the above Maternity Ward areas. Security cameras are also located to the entrance of the Maternity Unit (Gwenllian Ward) at Bronglais General Hospital.
- In the case of breakdown or when the need to review footage arises, please contact the Security Department at each Hospital immediately and state urgency.
- Generate an Incident Form through the approved mechanism to alert and identify the risk situation.
- Contact the Operational Lead Midwife and General Manager of the appropriate site and inform them.
- Only authorised personnel employed by Hywel Dda University Health Board will be provided with a proximity security card. Authorisation can only be completed by senior maternity managers.
- Any breaches in security must be incident reported and notified immediately to Senior Midwifery Management and Hospital Porters. During out of hours, the Hospital Porters and on call Manager must be notified.

- Each Maternity Unit in the Health Board holds a directory of card holders within the department. As staff leave the department they are required to return the card to the issuer. This card will then by deactivated.

Incident Reporting

Any breaches to this guideline or security must be reported and reviewed through the Incident Reporting mechanism (Datix).

Auditable Standards

Baby Abduction Drill to be undertaken annually at all 3 maternity sites using the Baby Abduction Drill Audit Proforma (See Appendix 3).

Appendix 1 – Baby abduction flowchart

Appendix 2 – HDUHB Maternity Trigger List 2023

HDUHB MATERNITY TRIGGER LIST 2023

Maternal / Birth	1. Eclampsia* 2. Post-partum Haemorrhage >1500ml* 3. Maternal Death* 4. ITU (incl. HDU) admission* 5. Pulmonary Embolism* 6. Venous Thromboembolism/DVT* 7. Uterine Rupture* 8. Significant infection *i.e. MRSA, CDiff* 9. Medication error 10. Shoulder dystocia* 11. Unintentionally retained swab, incorrect swab / instrument count 12. 3rd/ 4th degree tear 13. Undiagnosed breech in Labour* 14. Unsuccessful forceps or ventouse resulting in Caesarean Birth 15. Double instrument use at an assisted birth* 16. Readmission (postnatal) of Mother* 17. Postponement of induction of labour or elective procedure 18. Stillbirth / Fetal loss ≥22wks* 19. Category 1 emergency/ unplanned Caesarean Birth 20. Antenatal screening test not conducted / not followed up 21. Preterm birth <32 weeks gestation (twins <34 weeks gestation) 22. Maternal injury during birth, bladder/bowel injury 23. Birth of baby with no professional in attendance (eg BBA, in transit) 24. Delay in planned care of >4 hours (eg delayed ARM) 25. Decision to caesarean birth time not met (eg Cat 2 >75 minutes)
Fetal/ Neonatal	1. Baby abduction incl. attempted abduction 2.Neonatal death** 3.Undiagnosed fetal abnormalities** 4. Unexpected birth trauma (including laceration/ bruising) to baby during birth** 5. Prescribing error 6. Readmission of infant** 7.Unexpected BWC <10th centile** 8. Failure to follow safeguarding procedure 9. Cord pH <7.05 Arterial / <7.1.0 venous 10. Dropped baby
Organisational	1. Escalation policy triggered *(due to staffing issues; bed/capacity issues)* 2. Equipment / facilities failure 3.Verbal or physical threat to staff or patient 4. RCOG Duties of the On Call Consultant not met (eg >30 minutes) * indicates trigger is listed under Maternity Care: Maternity Triggers **indicates trigger is listed under Neonatal Care: Neonatal Triggers

Please note this list is not exhaustive and clinicians should use their discretion

Note; Patient Fall and Pressure Damage warrant a Datix investigation.

HDUHB Maternity Trigger List v1.5 July 2023

Appendix 3 – Baby Abduction Audit Proforma

BABY ABDUCTION AUDIT PROFORMA		
AIM: To prevent the abduction of infants from the hospital environment during the immediate postnatal period To keep mothers and infants together, ensuring early infant attachment and wellbeing		
AUDIT DATE:	**Maternity Site:**	
DESCRIPTION	**ACTION**	**COMMENT**
	• Suspect baby abduction • Potential abductor challenged via intercom system/ on entry to ward	
	• Confirm attempted abduction and raise the alarm: • Switch board notified on 3333 • Security • Porters • Police • Inform midwife in charge • Secure entrance and exits to ward area	
	Midwife in charge to inform: • Senior Midwifery Manager • Head of Midwifery General Manager • Consultant on call • Risk Midwife • Communications • Manager	
	• Move mother of abducted infant to a private area and stay with her • Check other infants ID bands • Pursue abductor if identified	

	✚ Check remaining ward areas ✚ Comfort and support other women	
	✚ Staff not to remove empty cot/ touch any infant clothing	
	Co-operate with the police & aid investigation	
	Direct Media attention to Press & Communications Manager	
	Inform all when situation returns to normal	
	Complete Datix incident form	
FEEDBACK & ACTION:		