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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

Policy for the Promotion of Safety / Prevention of Abduction of Babies

Specialty:	Perinatal Services
Approval Body:	Quality & Safety Group
Approval Date:	January 2026
Date for Review:	January 2029

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1. Introduction

There have been a number of high profile attempts and actual successful abductions of babies from maternity departments in the past.

The risk of abduction of a baby from within a hospital setting is low. However, the distress caused to the family and the Health Board profile through media and press interest is high. There could be a significant risk of potential harm to the baby.

2. Statement of Policy

In the above context, this policy aims to ensure that Swansea Bay University Health Board (SBUHB) promote and ensure security measures, which will reduce the risk of potential abduction of a baby.

This policy sets out the responsibilities of midwives and neonatal nurses in the labelling and identification of the new-born and preventing abduction of babies whilst in one of the maternity / neonatal units.

The safety of the mother and baby are of paramount importance. It is essential that all staff comply with the identification procedures and measures to prevent the abduction of a baby.

3. Aim of Policy

- 3.1 It is the policy of SBUHB 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.
- 3.2 Wherever possible the mother and baby should be cared for together in the hospital setting to ensure that the chance of separation is minimized.
- 3.3 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.
- 3.4 All staff entering the maternity or neonatal unit should have a photo identity badge clearly displayed.
- 3.5 All staff should be aware of any unidentified persons entering their ward area and challenge them for identification.
- 3.6 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.

4. Identification of New-born Baby Immediately after Birth

- 4.1 The National Patient Safety Agency issued a safer practice notice in October 2008, giving recommendations (as below) for identification of a baby at birth.
- 4.2 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 an adequate number of umbilical cord clamps are available to enable identification of the babies at delivery.
 - One cord clamp for Twin I or Triplet I
 - Two cord clamps for Twin II or Triplet II
 - Three cord clamps for Triplet III

Three identity bands should be used : one for the mother and two for the baby.

- 4.3 Electronic armbands – data is to be entered into the computer as soon as possible to enable printing of the armbands. 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.
- 4.4 If the electronic system is not available 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 or unassigned sex (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.
- 4.5 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.
- 4.6 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.
- 4.7 The pre-printed sheet (Appendix 1) is completed with details listed below and is secured in the neonatal records.
 - Baby's hospital number
 - Date and time of birth
 - Sex of child
 - Mothers first name and surname
 - Explanation of Bartec security given
 - Mothers / Father's signature confirming information is correct
 - Midwife's signature/witness signature

5. Transfer of a Baby to a Postnatal Ward

- 5.1 The transferring midwife / neonatal nurse is responsible for handing over to the receiving midwife on the postnatal ward. The armbands, sex of infant should be checked in the presence of the midwife / neonatal nurse and the mother. Documentation in the postnatal records should reflect that the details are correct on page 13 of the neonatal ward record sheet.
- 5.2 All mothers should be advised to keep their babies with them at all times. All babies, unless medically indicated, should be roomed-in with their mother throughout the 24 hour period.
- 5.3 There may be an occasion when a baby has to be separated from its mother for a short period of time, if this occurs, a full check of the identity bands should take place when the mother and baby are reunited.
- 5.4 All mothers should be advised to challenge any individual who intends to remove their baby regardless of any reason given.
- 5.5 All staff should challenge any personnel they cannot identify.
- 5.6 A full identification check of the baby should be made during each shift and documented in the baby's notes.

6. Transfer of a Baby from Labour Ward to Neonatal Unit

- 6.1 If the baby requires admission to a Neonatal Unit the same identification procedures should be carried out and checked with the mother.
- 6.2 If the condition of the infant requires immediate transfer to a Neonatal unit, the Midwife responsible should place hand written bands on the baby with the mother's name, hospital number and baby's date and time of birth until appropriate bands are generated as per sections 4.4 and 4.5.
- 6.3 In the case of multiple births the birth order must also be stated on the band.
- 6.4 Babies should be identified as per identification guidelines, if it is not possible, a midwife should accompany the baby to the unit and ensure that the bands are attached as soon as possible after birth. The midwife in charge of the delivery is responsible for checking the identity bands and showing these to the mother as soon as possible.
- 6.5 The transferring midwife is responsible for handing over the baby to the receiving neonatal nurse on the Neonatal Unit. The armbands should be checked by the midwife and neonatal nurse. Both the midwife and neonatal nurse must sign the neonatal ward record sheet on page 13 to confirm the armbands have been checked and information is correct.
- 6.6 If the baby is to remain on the neonatal unit, the baby is issued with an additional single medicine band with the baby's name, file number and first line of address.

7. Transfer of a Baby to another Neonatal Unit

- 7.1 If the baby requires transfer to another neonatal unit for specialised treatment or is a back transfer to their referring unit, the neonatal nurse responsible should check the armbands and document in the case notes to confirm that the armbands are correct before transfer.
- 7.2 On arrival at the receiving neonatal unit, the neonatal nurse responsible should check the armbands with the receiving neonatal nurse and document the information is correct in the patient records.

8. Transfer of a Baby from Community into Hospital Setting

- 8.1 If a baby is admitted from the community setting following a home birth, the community based midwife transferring the baby into hospital is responsible for the correct identification of the infant and ensure appropriate identity bands are applied to mother and baby in line with sections 4.3 to 4.6.
- 8.2 If a baby is readmitted to the maternity unit, the midwife responsible for admission must ensure correct identification of the infant and ensure appropriate identity bands are applied to mother and baby in line with sections 4.3 to 4.6.
- 8.3 The pre-printed sheet (Appendix 1) confirming identification should be completed in the notes.

9. Transfer of a Baby from Neath Port Talbot Birth Centre

- 9.1 If a baby is transferred from Neath Port Talbot Birth Centre, the transferring midwife is responsible for the correct identification of the infant and ensure appropriate identity bands are applied to mother and baby in line with sections 4.3 to 4.6.
- 9.2 On arrival at the unit, the bands must be checked by both the transferring midwife and receiving midwife. As soon as the mother arrives, the identity bands should also be checked with the mother.
- 9.3 The pre-printed sheet (Appendix 1) confirming identification should be completed in the notes.

10. Daily Identification of Babies' Armbands

- 10.1 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.

- 10.2 Every shift a midwife / neonatal nurse / nursery nurse should check a baby's identity and record in the notes that both bands are present.
- 10.3 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.
- 10.4 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.
- 10.5 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 (Appendix 1) 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 nurses must sign on the positive identification form in the baby's records (Appendix 1).

- 10.6 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/nurse 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 matron or senior midwife should be informed at earliest opportunity.

If it is not possible to make positive identification the Matron must inform the Head of Midwifery/Nursing or her deputy, the Unit Manager immediately.

- 10.7 The ward manager is responsible for undertaking a monthly audit of compliance with the correct procedures for identification of the newborn. This is reported on the monthly Care Metrics.

11. Discharge of a Baby Home from a Postnatal Ward / Neonatal Unit

- 11.1 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.
- 11.2 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.
- 11.3 NICU, Singleton Hospital - When transferring a mother and baby home, the neonatal nurse responsible must check the armbands with the mother to confirm that the armbands are correct. This should be documented on the Identification Care Plan and signed by two nurses. Both armband bands and the medicine band are removed from the baby. One armband is given to the mother and the remaining armband, plus medicine band is placed in the patient notes.

12. Surrogacy Arrangements

- 12.1 The baby should remain with the surrogate mother.
- 12.2 Names, address, and GP of the commissioning parents to be obtained and the appropriate GP, Midwife and Health Visitor informed to ensure the commissioning parents receive appropriate support following discharge.
- 12.3 Surrogate mother must care for the baby until she goes home.
- 12.4 The handing over of the baby should **NOT** take place within the hospital unit. This should take place once the mother has been discharged and left the premises.
- 12.5 If the surrogate mother leaves the hospital without the baby, the commissioning parents must **NOT** be allowed to take the baby and Social Services must be informed.

13. Baby Admitted to a Paediatric Ward from the Community

Any baby admitted to a children's ward from the community should be identified in line with the Identification Policy on the Paediatric Ward.

14. Baby Admitted from the Community to the Neonatal Unit, Singleton Hospital

Any baby admitted from home must be labelled with two identity bands with the baby's name, hospital number, date of birth and first line of address included in the details.

On arrival at the unit, the bands must be checked by both the transferring midwife and receiving Neonatal nurse and confirmed with the mother upon arrival

The pre-printed sheet (Appendix 1) confirming identification should be completed in the notes

15. Policy for the use of the BARTEC WATCH System

The system is an effective method of providing security for new born infants in hospital. However, this system is not used on the neonatal unit due to the size/weight of babies.

The features of the system are: -

- An individual battery box connected to a padded pressure mattress placed in the baby's cot.
- Key operation – each key is specific to that cot. It is the responsibility of the parents or staff to activate this system when the baby is being left. Therefore, the mother or midwifery staff can only remove the baby once the system is deactivated.
- Immediate warning – the alarm sounds the instant the baby is lifted.
- Quarterly maintenance agreement with the company (each battery lasts six months, therefore, the system is maintained well in advance of this).
- Should a key be mislaid that particular battery box is retrieved by the manufacturer and replaced with another.

15.1 Use of the Bartec Watch System

- 15.1.1 Each mother is advised not to leave her baby unattended without informing a member of ward staff.
- 15.1.2 Following birth, every baby is allocated a cot with the security system in-situ. The delivering midwife demonstrates the use of the system to the mother ie:
- how to turn the key to the 'on' position;
 - removal of the key (to be kept with the mother if she leaves the baby unattended);
 - how to turn the key to the 'off' position when she lifts the baby from the cot.
- 15.1.3 The mother signs the mother/baby positive identification sheet to confirm that she has understood the use of the system (Appendix 1).
- 15.1.4 Midwifery staff hold the master keys on the drug key ring in each area should baby need attention whilst unattended by its mother.
- 15.1.5 On transfer to the community the midwife ensures the system is complete with key before transfer home.
- 15.1.6 Babies will not be nursed in any cots, pushchair, 'buggies' etc. that do not have the BARTEC Baby Watch System in place.
- 15.1.7 As the system works on weight distribution of each baby, it is advisable not to store toys in the cot.
- 15.1.8 If a baby has to be left on the ward without their mother being present eg mother in HDU/ITU, a midwife must be designated as the person responsible and must keep the Bartec key on them at all times.

16. Abduction of a Baby from a Maternity Unit / Neonatal Unit

Any unauthorised removal of an infant from the Maternity or Neonatal Unit should be treated as a potential abduction.

If the Baby BARTEC 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.

16.1 On suspicion that a baby has been abducted:

the Baby Abduction Flowchart (See Appendix 2) must be followed

- A member of staff at ward level will contact the switchboard (**3333**) and state 'baby abduction'. Switchboard will contact key personnel as per abduction flowchart.
- A head count and positive identification check will be carried out for the remaining babies on the ward.
- Staff to 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.
- Stop all individuals trying to leave the hospital with baggage, i.e. holdalls, large cases etc.
- Hospital exits to be sealed off and preparation for a hospital search to be undertaken.
- Car Park Security to stop all traffic leaving the hospital with assistance from the police to stop vehicles leaving the hospital site.

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

In office hours - Matron, Deputy Head of Midwifery or Head of Midwifery

Out of hours - On call Manager for Women and Child Health 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.

16.3 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 staff.

17. System Testing

The security system will be checked on a regular basis by the Matrons for the areas.

The Maternity and Neonatal services will be responsible for completing the abduction drill report following an abduction drill, which should occur at least on an annual basis. This will also involve a written report and action plan if appropriate (Appendix 9).

The Ward Manager will be responsible for undertaking monthly spot check audits of security identification policy compliance for babies and children.

18. Roles & Responsibilities

Each member of staff working within Maternity and Children's Services will be required to adhere to this policy. The Maternity and Neonatal Service will include awareness of this policy during their local induction programme.

19. Incident Reporting

This policy will be used in conjunction with the SBUHB Incident Reporting Policy. Any breaches in this policy or security will be reported and reviewed through the Incident Reporting mechanism (Datix).

20. Procedure in the Event of Unauthorised Removal of Infant from the Neonatal Unit by Parents / Carers

Removal of a baby from a 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 are: -

- 1) Against medical advice when a baby is not well enough for discharge.
- 2) 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.

20.1 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/Communication Officer for any hospital search should be the hospital Site Manager or Deputy during normal working hours. The Senior Sister acting up for the hospital will carry out this role outside normal working hours.

21.UHB Security Policy

This policy is not intended to replace SBU Security Policy but compliment it. Therefore this policy must be used in conjunction with the SBUHB Security Policy.

This policy will also be used in conjunction with the SBUHB Safeguarding Policy.



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:

Explanation of BARTEC Security given: Yes / No

Mother's Signature confirming above is correct:

Midwife's signature:

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:

(NB: Remove one band from baby and attach to this sheet for filing in Infant notes)



Mother's Signature confirming above is correct:

Discharging Midwife's Signature:

Appendix 2 – Laminated and available in all areas to assist staff with guidance and documentation of timings

BABY ABDUCTION PROFOMA – WARD SINGLETON			
 <p>GIG CYMRU NHS WALES</p> <p>Bwrdd Iechyd Prifysgol Bae Abertawe Swansea Bay University Health Board</p>			
ACTION	DATE	TIME	PERSON RESPONSIBLE
Alert Baby Abduction			
Call Switch on 3333 – Baby Abduction			
Pull Emergency buzzer			
Inform Band 7 Labour ward Coordinator			
Immediate Actions			
Lock down ward – staff members allocated to all entrances and emergency exits of ward. No one to be allowed to enter or exit the ward unless attending to support.			
Staff allocated to search all areas of ward			
Staff allocated to check baby bands of all babies on ward.			
Allocate all available staff from Service to check vicinity of the unit			
Lead Nurse and Midwife of ward to undertake search of all Perinatal wards.			
Stranger Abduction – Parent present			
Provide parent a quiet room and allocated member of staff to support and communicate			
Confirm time baby last seen by parent			
Confirm any parental concerns regarding abduction.			
Secure bed and cot area for Police attendance			
Parental Abduction			
Confirm last sighting of baby			
Confirm last known clothing of parents and baby			
Prepare records including Name, address, safeguarding concerns for Police			
Secure bed and cot area for Police attendance			
If known safeguarding concerns – inform social services.			
Police Attendance			
Complete Datix Report – Attach proforma			
Provide support to Police for ongoing investigation.			
Review Appendix of guideline for support in obtaining CCTV recordings			

Appendix 3

BABY ABDUCTION PROFOMA – SWITCH SINGLETON  			
ACTION	DATE	TIME	PERSON RESPONSIBLE
Alert Baby Abduction			
Alerted Baby Abduction through '3333'			
Communication			
LOCKDOWN voiceover initiated			
Call Police '999'			
Bed Manager asked to attend Maternity			
Day – Ring Head of Midwifery and Deputy Head of Midwifery via mobile			
Night – Ring MOC for WCH			

If baby is discovered on the premises during search, switchboard to be contacted immediately to alert search parties to 'stand down'.

Proformas to be laminated and present in all Clinical areas by Fire box for staff to be able obtain and short notice to complete.

Proforma to be present in Switchboard to allow ease of access and recording of times.

Proformas to be all kept and scanned to Datix record and provided to Police if required

Appendix 4

Security System – Singleton

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 Doors

In the event of an abduction, all ward areas must be locked down – preventing entry and exit to the area for the public.

Security Cameras

Singleton Hospital has CCTV; however, this is **not continuously monitored** and monitoring availability is linked to porter working patterns.

Morrison Hospital has access to certain Singleton CCTV cameras and is staffed more frequently, with the ability to view cameras **24/7 if instructed by Singleton**.

The cameras accessible by Morrison that would be beneficial during an abduction incident include:

- Main entrance
- CRUSH Hall
- GUM
- Labour Ward
- Neonatal Unit

Please note these are **fixed cameras and cannot be rotated**.

Cameras in the Women Child Health entrance and ward entrances are not recorded.

Security and Portering Response

There is no on-site security at Singleton Hospital. In the event of a potential baby abduction or unlawful removal, the response would depend on the time and day of the week, as this is determined by porter availability.

- **Monday to Friday (daytime):**
Three porters would be allocated:
 - One to the entrance of the Women and Child Health Block
 - One to the entrance of the ward where the incident has occurred
 - One to support and facilitate the search
- **Weekends, Bank Holidays, and Out of Hours:**
Two porters would be allocated:
 - One to the entrance of the Women and Child Health Block
 - One to the ward where the incident is taking place

Security System Birth Centre NPT

Security Doors

In the event of an abduction, all ward areas must be locked down – preventing entry and exit to the area for the public.

Security Cameras

There are security cameras within the Birth Centre, capturing all activity at main exit door and fire escape door.


There are also security cameras on the main corridors/entrances of the Antenatal Clinic and on the entrance to the Birth Centre.

In the case of breakdown or when the need to review footage arises, please contact Kier Helpdesk (daytime, NPT Ext 47777) Porter Security Office (out of hours, NPT Ext 47750) immediately, and state urgency.

Generate an Incident Form through the approved mechanism to alert and identify the risk situation. Contact the Matron, Head of Midwifery and General Manager of the appropriate site and inform them.

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Appendix 6

BABY ABDUCTION PROFOMA – NPT Birth Centre			
 <p>GIG CYMRU NHS WALES</p> <p>Bwrdd Iechyd Prifysgol Bae Abertawe Swansea Bay University Health Board</p>			
ACTION	DATE	TIME	PERSON RESPONSIBLE
Alert Baby Abduction			
Call Switch on 3333 – Baby Abduction			
Pull Emergency buzzer			
Inform Band 7 Coordinator			
Inform Manager on call			
Immediate Actions			
Lock down ward – staff members allocated to all entrances and emergency exits of ward. No one to be allowed to enter or exit the ward unless attending to support.			
Staff allocated to search all areas of ward			
Staff allocated to check baby bands of all babies on ward.			
Allocate all available staff from Service to check vicinity of the unit			
Stranger Abduction – Parent present			
Provide parent a quiet room and allocated member of staff to support and communicate			
Confirm time baby last seen by parent			
Confirm any parental concerns regarding abduction.			
Secure bed and cot area for Police attendance			
Parental Abduction			
Confirm last sighting of baby			
Confirm last known clothing of parents and baby			
Prepare records including Name, address, safeguarding concerns for Police			
Secure bed and cot area for Police attendance			
If known safeguarding concerns – inform social services.			
Police Attendance			
Complete Datix Report – Attach proforma			
Provide support to Police for ongoing investigation.			
Review Appendix of guideline for support in obtaining CCTV recordings			

**BABY ABDUCTION PROFOMA –
SWITCH NPT**



ACTION	DATE	TIME	PERSON RESPONSIBLE
Alert Baby Abduction			
Alerted Baby Abduction through '3333'			
Communication			
LOCKDOWN voice over initiated			
Call Police '999'			
Notify Charge Head Porter Ext 47750 - Porters asked to attend all entrances and emergency exits of hospital – Prioritise main entrances			
Bed Manager Site Manager asked to attend Birth Centre			
Day – Ring Head of Midwifery and Deputy Head of Midwifery via mobile Night – Ring MOC for WCH			

Following receipt of baby abduction alert and procedure activation contact the following Wards and departments.

MONTHLY SPOT CHECK ARMBAND AUDIT

Date and time of audit:	
Audit undertaken by:	
Number of babies on Ward:	
Number of babies that had both identity bands in place:	
Number of babies identity bands that corresponded with mothers identity bands:	
Number of mother/baby positive identification sheets where there was correct documentation of the information with the identity band that has been signed by midwife / parent	
Audit 10 sets of discharge notes for compliance of parent / midwives signatures on mother/baby positive identification sheet at discharge.	Number compliant:
Please detail reason for non compliance :	

Baby Abduction Drill Report

1. Drill Details

- **Drill Name:** Baby Abduction Drill
 - **Date of Drill:** [Insert Date]
 - **Time Initiated:** [Insert Time]
 - **Time Concluded:** [Insert Time]
 - **Location(s):** [E.g., Maternity Ward, Neonatal Unit, Main Exit]
 - **Drill Type:** Announced / Unannounced
 - **Lead Coordinator:** [Name & Title]
 - **Observers Present:** [Include Names/Titles if applicable]
-

2. Scenario Summary

- **Scenario Description:**
Brief overview of the simulated abduction scenario. Include details such as: who played the role of the abductor, how the incident was initiated, and what cues were used (e.g., triggering a security alert, code pink announcement).

Example: A staff member posed as a visitor who removed an infant from the postnatal unit without authorization. The abduction was identified when the electronic tag triggered an exit alarm.

3. Objectives of the Drill

- Test staff response time and communication
 - Evaluate functionality of security systems (e.g., alarms, CCTV)
 - Assess coordination between departments (nursing, security, switchboard, etc.)
 - Review staff understanding of policies and procedures
-

4. Actions Taken

- **Initial Identification of Incident:** [Who noticed? How was it reported?]
 - **Activation of Protocol:** [Utilising 3333, switch action cards]
 - **Response Teams Mobilized:** [Security, Midwifery/Nursing, Switchboard, etc.]
 - **Lockdown/Exit Control Measures:** [Describe what was done, by whom, and when]
 - **Search Procedures Initiated:** [Include time frames and involved staff]
-

5. Timelines

- **Time from Alert to Response Activation:**
 - **Time to Secure All Exits:**
 - **Total Duration of Drill:**
-

6. Outcomes & Observations

- **What Went Well:**
E.g., Rapid communication between units, effective alarm systems, clear command structure.
 - **Areas for Improvement:**
E.g., Delayed response from specific team, confusion over roles, exit not secured quickly enough.
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7. Recommendations & Actions

- Staff refresher training on abduction policy
- Review of physical security measures at exit points
- Update or clarify roles/responsibilities in the emergency response plan
- Further drills (frequency, department-specific)

Responsible person(s) and deadlines should be assigned for each action.

8. Debrief Summary

- **Date of Debrief:**
 - **Participants:**
 - **Feedback Collected:**
-

9. Approval

- **Report Prepared By:** [Name, Title, Signature, Date]
- **Approved By:** [Name, Title, Signature, Date]
- **Uploaded to Datix:**

DRAFT

Maternity Services

Checklist for Clinical Guidelines being Submitted for Approval

Title of Guideline:	Policy for the Promotion of Safety / Prevention of Abduction of Babies
Name(s) of Author:	Kate Bannister, Samantha Willis.
Chair of Group or Committee approving submission:	Perinatal Forum / Maternity Q&S Group
Brief outline giving reasons for document being submitted for ratification	Updated guideline to reflect Boundary Changes
Details of persons included in consultation process:	Midwifery Matrons, Lead Nurse (Neonatal Service)
Name of Pharmacist (mandatory if drugs involved):	n/a
Issue / Version No:	3
Please list any policies/guidelines this document will supercede:	Policy for the Promotion of Safety/Prevention of Abduction of Babies
Date approved by Group:	Maternity Q&S –
Next Review / Guideline Expiry:	January 2029
Please indicate key words you wish to be linked to document	Abduction, security, armband, safety, alarm, security
File Name: Used to locate where file is stores on hard drive	