

## ABDUCTION OF A NEONATE IN MATERNITY SERVICES POLICY

		POLICY
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<b>Approving Body</b>	Safeguarding Steering Group (virtual)	
<b>Date Approved</b>	16 <sup>th</sup> September 2022	
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	<b>YES</b>	<b>NO</b>
	X	
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<b>Review Date</b>	September 2025	
<b>Sponsor (Position)</b>	W&C Divisional Head of Nursing and Midwifery	
<b>Author (Position &amp; Name)</b>	Named Midwife for Safeguarding Children	
<b>Lead Division/ Directorate</b>	Corporate	
<b>Lead Specialty/ Service/ Department</b>	Safeguarding	
<b>Position of Person able to provide Further Guidance/Information</b>	Nicola Kirk - Named Midwife for Safeguarding Children Lisa Nixon - Safeguarding Lead	
<b>Associated Documents/ Information</b>	<b>Date Associated Documents/ Information was reviewed</b>	
1. Not Applicable	N/A	
Template control	June 2020	

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## 1.0 INTRODUCTION

Sherwood Forest Hospitals NHS Foundation Trust is committed to providing a safe and secure environment for patients and staff. Security is everyone's business and everyone has a contribution to make towards creating a secure environment.

The Maternity Unit recommends 24 hour rooming-in, whereby babies are cared for by their mother's bedside at all times. Parents should be encouraged to accompany staff in all procedures which necessitate removal of a baby from the mother's bedside, providing that the health of the mother permits this.

Sherwood Birthing Unit and the Maternity Ward are classified as secure areas as both women and visitors are required to ring/buzz to gain entry and exit to the unit. Sherwood Birthing Unit has 24 hour receptionist cover and the Maternity Ward has cover from 08.00-20.00. Anyone accessing the ward must state who they are coming to visit. Anyone who follows in a visitor or staff member without ringing the entrance intercom system should be asked who they are coming to visit rather than be allowed on to the ward without asking. This is the responsibility of all staff members and not just the receptionists and is good practice to creating a pro-active security culture within the trust. A swipe access control system is in place for any staff that have been granted the speciality access rights to the department.

Mothers who leave their baby unattended are advised not to do so, and parents should be advised of the risk of leaving the baby unattended in terms of the baby's health and safety, as unfortunately there are insufficient numbers of staff to observe every baby who is left unattended. Any mother who leaves the unit prior to discharge home is asked to sign themselves in and out of the unit in case of any security issue.

The neonatal abduction procedure sets out the appropriate actions, which should be followed immediately on discovering that a baby is missing and has possibly been abducted from the hospital.

## 2.0 POLICY STATEMENT

Infant abductions are rare, however, the trauma and publicity surrounding such events highlights the importance of ensuring that, should an incident occur, the Trust has a comprehensive easy to follow response plan. This guideline is expected to cover the Maternity Unit which includes Sherwood Birthing Unit and the Maternity Ward and will aim to facilitate the prompt return of an abducted infant to a place of safety.

This document applies to:

**Clinical area**

- All maternity areas

**Patient groups**

- Women who are pregnant
- Women who have recently given birth

**Exclusions**

- None

**3.0 DEFINITIONS/ ABBREVIATIONS**

SFHFT: Sherwood Forest Hospital Foundation Trust  
SBU: Sherwood Birthing Unit  
NICU: Neonatal Intensive Care Unit

**4.0 ROLES AND RESPONSIBILITIES**

**Staff Responsibilities:**

All staff have a responsibility to:

- Promote and maintain a pro-active security culture throughout the Trust.
- Know this policy, its implications for them and undertake the appropriate actions identified in the action cards promptly should an incident occur.
- Recognise the importance of their personal contribution to a secure environment.
- Know and follow all security procedures relating to access control, discharge arrangements etc.
- Educate mothers, visitors and new or visiting staff in relevant aspects of the Security policy and procedures.

## **Parents' responsibility (including foster parent or anyone acting in loco parentis)**

Mothers have a responsibility to:

- Accept that they have a vital personal contribution to make to the security and well-being of themselves and their babies;
- Co-operate with staff in all reasonable measures to safeguard their personal wellbeing, that of their babies and the security of their personal property.

## **Visitors' Responsibilities**

Visitors have a responsibility to:

- Accept that they are entering an environment in which certain controls and procedures are necessary for the security and well-being of mothers and their babies, the security of their property and that of the Trust's property and buildings;
- Co-operate with staff in the operation of all established security procedures.
- Adhere to fixed visiting times.
- Not let in other people alongside themselves once they have gained permission to enter the ward and the doors have been unlocked, they should encourage others to use the intercom system.
- All formal visitors to the unit must be asked for proof of identity before access is given. This includes outside contractors.

## **5.0 APPROVAL**

Through Safeguarding Steering Group

## 6.0 DOCUMENT REQUIREMENTS (POLICY NARRATIVE)

In the event of an abduction/suspected abduction, staff who are not familiar with this document should refer immediately to the Action Cards (at the end of the policy)

[Appendix 1](#) – Midwifery/Department Staff

[Appendix 2](#) – Midwife in charge/Department lead

[Appendix 3](#) – Switchboard

[Appendix 4](#) – Sliver/Duty Nurse Manager

[Appendix 5](#) – Security

### NARRATIVE - MISSING / ABDUCTION OF A BABY.

- On discovering that a baby is missing and may have been abducted from the hospital the Midwife in charge of the unit should be informed and alarm be raised with ward staff and security:
- Patients or visitors should be asked to remain in the room as part of the scene as they may hold vital information ask about the last known whereabouts of the neonate, search the last known whereabouts.
- Initiate a physical check of the ward including all areas in which the public would not normally have access and the areas in the immediate vicinity e.g. corridors, attached ward i.e. Sherwood Birthing Unit (SBU), Neonatal Intensive Care Unit (NICU) and the outside of the building.
- Ensure that all entrances and exits are secured. This role can be taken over by the Security staff on their arrival. In the event of a fire alarm being sounded and the ward needing to be evacuated it is known that the secure doors will open automatically. Therefore it is essential that these doors be manned by a staff member at these times to prevent any unauthorised person leaving the ward with a neonate.
- During this initial search, care should be taken not to remove or disturb anything of future evidence value or to alarm other patients/parents/carers.

The Neonate's cot should be left untouched for examination by the Police. The area in which the infant was last seen is a crime scene and therefore must be secured in order to preserve forensic evidence of Trust staff or the family. If there are other patients/visitors they must remain in the room as part of the scene as they may hold vital information.

- Inform other parents / relatives of the situation and appeal for any relevant information or witnesses

- Contact Security Department urgently via 3333 to assist in the initial search.
- Contact the Police on 999 & request their urgent assistance.
- The Trust Safeguarding Lead to be notified of situation and to be kept updated.
- Ask Security Staff to view CCTV & ask them to save CCTV footage.
- If the family of the missing infant are present take them to a side room or private area and assign a member of the staff to remain with them at all times. This member of staff should remain with the parents and ensure that they are supported & kept informed of the progress in the search for their baby.
- If parents / guardians of the missing baby are not present on the hospital site at the time of its disappearance, they should be informed immediately.
- All staff & visitors should be requested not to leave the ward/unit except on the authorisation of the incident coordinator &/or the Police. The only exception will be members of staff required to leave to carry out their duties.
- A log should be kept of all persons entering or leaving the area following the alarm being raised. This task should be appointed to the incident co-ordinator.
- Consider briefing the parents / relatives of other babies who remain on the ward/unit. Inform other parents / relatives of the situation and appeal to them for any relevant information or witnesses. This will ensure that parents do not hear about the incident from other sources, and their babies should remain with them during the briefing. This briefing should be given by an experienced senior member of staff with the purpose to avoid causing undue distress.
- Confidentiality is paramount. No media responses will be made by the Trust without first liaising with the Police. NO information will be given by any member of staff. Communications Team should be informed of this situation in view of the possible media interest.
- Should the baby be found at any point during this Hospital search then this Member of Staff must inform all the relevant managers, Security Management Specialists, Security and the Police to ensure that the stand down in the search has occurred.
- NICU, Paediatric ward and neighbouring Maternity Units should be notified as a consideration & precaution.

## Post Incident

- All managers should be sensitive to the fact that staff may potentially suffer from post-traumatic stress as a result of the abduction. Debriefing for all staff involved/affected should take place as soon as possible.
- DATIX to be completed.
- Senior Management Team to ensure that Safeguarding Team is aware of the incident (particularly if it occurred out of hours).



## 7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

<b>Minimum Requirement to be Monitored</b>  (WHAT – element of compliance or effectiveness within the document will be monitored)	<b>Responsible Individual</b>  (WHO – is going to monitor this element)	<b>Process for Monitoring e.g. Audit</b>  (HOW – will this element be monitored (method used))	<b>Frequency of Monitoring</b>  (WHEN – will this element be monitored (frequency/ how often))	<b>Responsible Individual or Committee/ Group for Review of Results</b>  (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Incident	Safeguarding Lead	Datix incident form - Safeguarding Lead will review the incident to ensure all actions were undertaken in accordance with this policy.	As required	Safeguarding steering group.

## 8.0 TRAINING AND IMPLEMENTATION

This policy will be circulated with staff groups and the action cards will be readily available on the maternity ward.

## 9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at [Appendix 7](#)
- This document is not subject to an Environmental Impact Assessment

## 10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

### Evidence Base:

- Agreed on general census and good practice by those involved.

### Related SFHFT Documents:

- Maternity guidelines as applicable
- [Trust Security Policy](#)
- [Positive Identification of Patients Policy](#)
- [Incident Reporting Policy](#)
- [Safeguarding Children Policy](#)

## 11.0 KEYWORDS

Abducted, Taken, neonate, neonatal

## 12.0 APPENDICES

[Appendix 1](#) – Action Card 1 - Midwifery/Department Staff Identifying Incident

[Appendix 2](#) – Action Card 2 - Midwife in Charge

[Appendix 3](#) – Action Card 3 - Switchboard

[Appendix 4](#) – Action Card 4 - Senior Manager/Clinical Site Manager

[Appendix 5](#) – Action Card 5 - Security

[Appendix 6](#) – Log Sheet

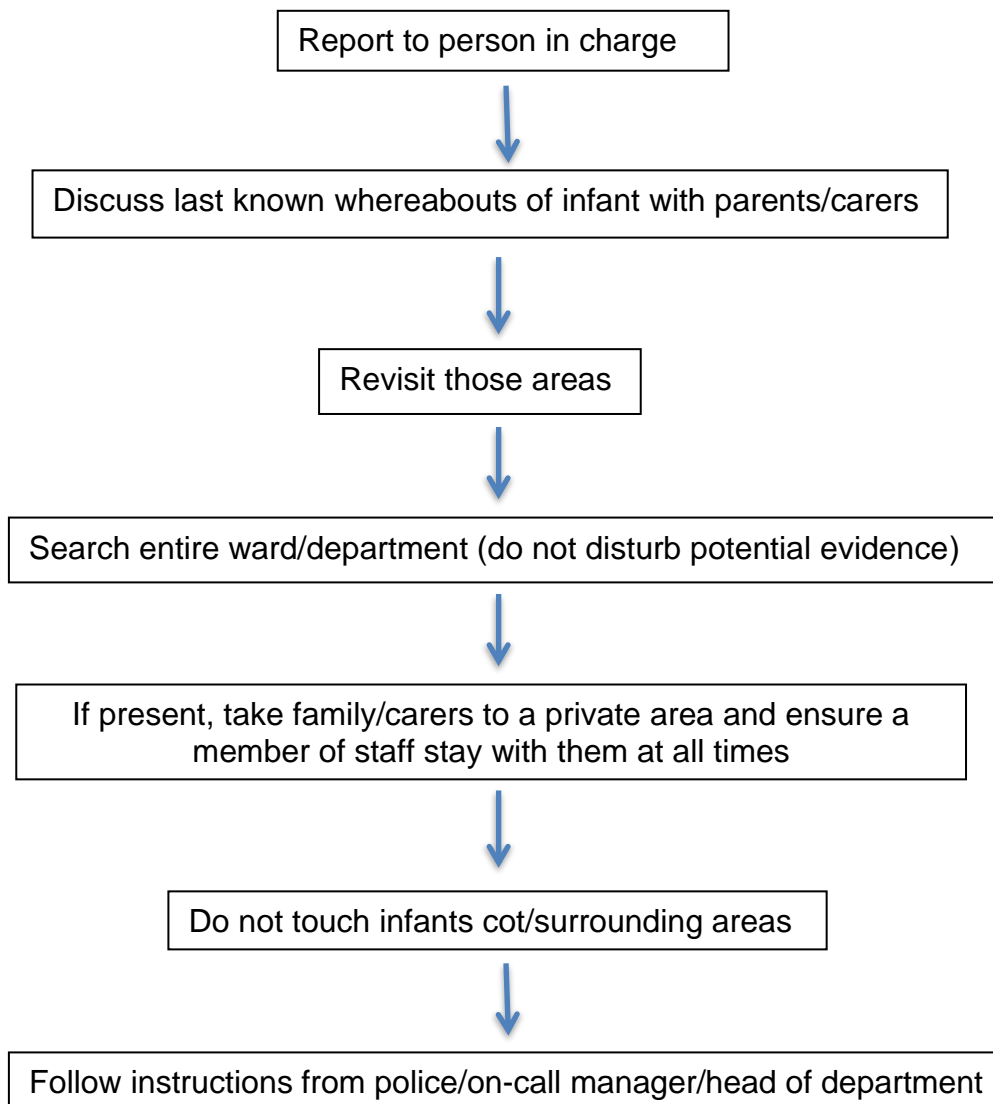
[Appendix 7](#) – Equality Impact Assessment

APPENDIX 1

Action Card 1 - Midwifery/Department Staff identifying incident.

(Out of hours also follow action card 2)

RESPONSE TO POSSIBLE INFANT ABDUCTION  
TIME IS CRITICAL– RAISE THE ALARM IMMEDIATELY



APPENDIX 2

Action Card 2 Midwife in Charge.

RESPONSE TO POSSIBLE INFANT ABDUCTION  
TIME IS CRITICLE – RAISE THE ALARM IMMEDIATELY

**Initiate immediate search of the area**



Activate department panic alarms or **dial 2222** and request the attendance of the Security Department urgently to assist in this initial search



Lock down the department ie.no-one is allowed to enter or leave the unit except for emergency treatment. Assign a member of staff to all entrances/exits



Delegate one person to record all events on log sheet including details of anyone entering or leaving the department with their reason for doing so



Ensure all staff are aware of the incident and undertaking their responsibilities



Assume the role of incident co-ordinator until a member of the Senior Management Team (Duty Nurse Manager/Sliver on call) arrives



Should the infant be found during the Hospital search, the incident co-ordinator must inform all the relevant managers, Security Management Specialists, Security and the Police to ensure that the stand down in the search has occurred

APPENDIX 3

**Action Card 3 Switchboard**  
**RESPONSE TO POSSIBLE INFANT ABDUCTION**  
**TIME IS CRITICLE – RAISE THE ALARM IMMEDIATELY**

Dial 999 and request Police attendance



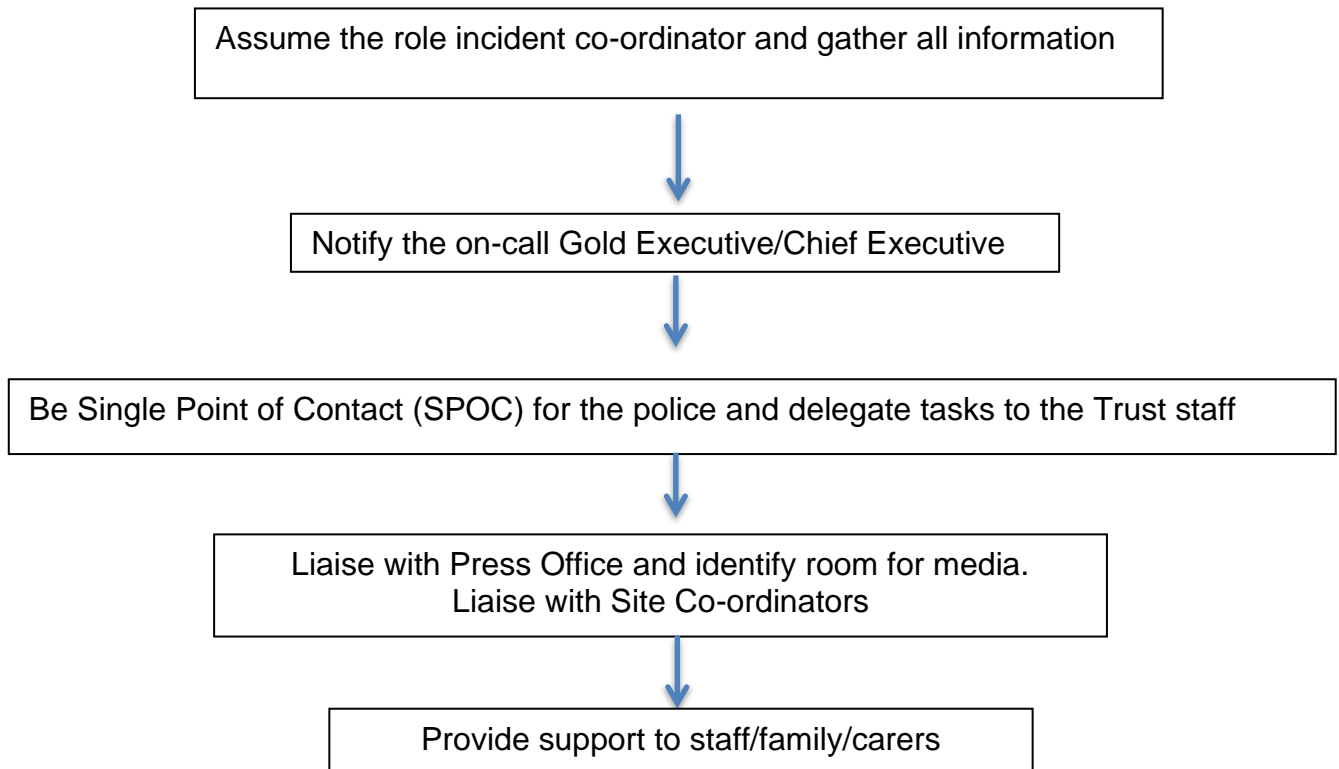
Call the relevant Response Team (see below) stating 'infant missing, possible abduction, with the age and last sighting of the infant



RESPONSE TEAM INFANT ABDUCTION Maternity Unit	
Monday – Friday 0900-1700	Out of Hours
Head of Midwifery	Duty Nurse Manager
Matron Maternity	Security Team
Duty Nurse Manager	Sliver on call
Sliver on call	Communications
Security Manager/Team	
Communications	
Trust Safeguarding Lead	

APPENDIX 4

**Action Card 4 Sliver/Duty Nurse Manager**  
**RESPONSE TO POSSIBLE INFANT ABDUCTION**  
**TIME IS CRITICLE – RAISE THE ALARM IMMEDIATELY**



APPENDIX 5

**Action Card 5 Security**  
RESPONSE TO POSSIBLE INFANT ABDUCTION  
TIME IS CRITICAL – RAISE THE ALARM IMMEDIATELY

Attend the affected department/area when called and assist in the lock down process. No-one to enter or leave except for emergency treatment



Prevent members of the public/media entering the department/building by allocating staff to each entrance and exit. Undertake duties as allocated by the incident co-ordinator

APPENDIX 6

LOG SHEET

Name	Date	Time of Entry	Time of Exit	Reason



**APPENDIX 7 - EQUALITY IMPACT ASSESSMENT FORM (EQIA)**

<b>Name of service/policy/procedure being reviewed: Abduction of a Neonate in Maternity Services Policy</b>			
<b>New or existing service/policy/procedure: Existing</b>			
<b>Date of Assessment: May 2022</b>			
<b>For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)</b>			
<b>Protected Characteristic</b>	<b>a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?</b>	<b>b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?</b>	<b>c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality</b>
<b>The area of policy or its implementation being assessed:</b>			
<b>Race and Ethnicity</b>	None	N/A	N/A
<b>Gender</b>	None	N/A	N/A
<b>Age</b>	None	N/A	N/A
<b>Religion</b>	None	N/A	N/A
<b>Disability</b>	None	N/A	N/A
<b>Sexuality</b>	None	N/A	N/A
<b>Pregnancy and Maternity</b>	None	N/A	N/A
<b>Gender Reassignment</b>	None	N/A	N/A
<b>Marriage and Civil Partnership</b>	None	N/A	N/A

<b>Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)</b>	None	N/A	N/A
<b>What consultation with protected characteristic groups including patient groups have you carried out?</b> <ul style="list-style-type: none"> <li>None</li> </ul>			
<b>What data or information did you use in support of this EqIA?</b> <ul style="list-style-type: none"> <li>None</li> </ul>			
<b>As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?</b> <ul style="list-style-type: none"> <li>None</li> </ul>			
<b>Level of impact</b>  From the information provided above and following EQIA guidance document Guidance on how to complete an EIA ( <a href="#">click here</a> ), please indicate the perceived level of impact:  Low Level of Impact For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.			
<b>Name of Responsible Person undertaking this assessment: Nicola Kirk</b>			
<b>Signature:</b> Nicola Kirk			
<b>Date:</b> 06/05/2022			