An alert & well educated staff is the single most important prevention strategy for infant abductions.
Instructions for Annual Training

**Nursing Students** – Please review the slides, complete the post-test and return the completed post-test to your nursing instructor for correction, and storage at the School of Nursing.

**Nursing Instructors** – To complete your personal training, please review the slides, complete the post-test and return the completed post-test to the respective unit educator.
Purpose/Objectives

At the conclusion of this activity, you will be able to:

• Identify the behavioral profile of an infant abductor and detect a potential infant abductor

• Identify infant abduction trends in healthcare facilities

• Describe methods for preventing, recognizing, and reporting an infant abduction or attempted abduction
A woman dressed in scrubs allegedly tried to steal a newborn girl from a California hospital before the baby's security bracelet sounded an alarm.

Employees at Garden Grove Hospital Medical Center detained suspect Grisel Ramirez, 48, as she tried to exit the building with the newborn baby in her purple tie-dyed bag, Lt. Jeff Nightengale of the Garden Grove Police Department said.

Correspondent, ABC News
Infant abducted at Pittsburgh hospital found; suspect arrested

By the CNN Wire Staff
updated 9:27 AM EDT, Fri August 24, 2012

(CNN) -- A 3-day-old baby abducted from a Pittsburgh hospital has been reunited with his mother, and a suspect is in custody, authorities said.

Pittsburgh police recovered the baby hours after a female suspect in black scrubs and pink shoes was caught on surveillance Thursday afternoon at Magee-Womens Hospital of University of Pittsburgh Medical Center.

The family was preparing to be discharged when the abduction happened, said Wendy Zellner, a hospital spokeswoman.
And more...

12/28/13 - Male visitor with large duffel bag found wandering into the nursery through the back entrance. When asked who let him into the locked outer door, he stated “the lady with a badge let me in”. The second door did not latch and visitor was able to enter the nursery. He was escorted to where he wanted to visit.

5/20/14 – Male seen with crib containing crib card and blankets (no infant) in the security monitor, outside elevators. Got onto the elevator before the RN could reach him to ask where he was taking the crib.

Both events occurred at Beverly Hospital!
# Infant Abduction Statistics

Infant Abductions between 1/1/1983 and 11/21/2016  
Organized by General Location of Abduction

<table>
<thead>
<tr>
<th>Location of Abduction</th>
<th>Total 1983 – November 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>From Health Care Facilities</td>
<td>133 (43.18%)</td>
</tr>
<tr>
<td>From Home</td>
<td>128 (41.56%)</td>
</tr>
<tr>
<td>From Other Locations</td>
<td>47 (15.26%)</td>
</tr>
<tr>
<td>Total Infant Abduction Incidents</td>
<td>308</td>
</tr>
</tbody>
</table>

Infant Abductions from Health Care Facilities between 1/1/1983 and 11/21/2016  
Organized by Specific Location within Health Care Facilities

<table>
<thead>
<tr>
<th>Specific Location of Abduction Within Health Care Facilities</th>
<th>Total 1983 – November 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>From Mother’s Room</td>
<td>78 (58.65%)</td>
</tr>
<tr>
<td>From “On Premises”</td>
<td>21 (15.79%)</td>
</tr>
<tr>
<td>From Nursery</td>
<td>17 (12.78%)</td>
</tr>
<tr>
<td>From Pediatrics</td>
<td>17 (12.78%)</td>
</tr>
<tr>
<td>Total Incidents</td>
<td>133</td>
</tr>
</tbody>
</table>
Everyone has a role in preventing infant abductions here at Beverly Hospital.
The Typical Abductor

Profile developed from an analysis of 292 cases occurring from 1983 through June 2014.

1. Usually a female of childbearing age, range now 12 to 55, who appears overweight to suggest pregnancy.

2. Most likely compulsive; most often relies on manipulation, lying and deception.

3. Frequently indicates she has lost a baby or is incapable of having one.

4. Often married or cohabitating; companion’s desire for a baby or the abductor’s desire to provide her companion with “his” baby may be the motivation for the abduction.

5. Usually lives in the community where the abduction takes place.

6. Frequently initially visits nursery and maternity units at more than one health care facility prior to the abduction; asks detailed questions about procedures and the maternity floor layout; frequently uses a fire exit stairwell for her escape; and may also try to abduct from the home setting.

7. Usually plans the abduction, but does not necessarily target a specific infant; frequently seizes any opportunity present to abduct a baby.

8. Frequently impersonates a nurse or other allied health care personnel.

9. Often becomes familiar with health care staff members, staff member work routines and victim parents.

10. Often demonstrates a capability to provide care to the baby once the abduction occurs, within her emotional and physical abilities.

In addition an abductor who abducts from the home setting (is):

11. More likely to be single while claiming to have a partner.

12. Often targets a mother whom she may find by visiting health care facilities and tries to meet the target family.

13. Often plans the abduction and brings a weapon, although the weapon may not be used.

14. Often impersonates a health care or social services professional when visiting the home.

Note: There is no guarantee an infant abductor will fit this description.
### Common Themes

- Abductor visits the unit several times to become familiar with surroundings
- Does not target specific infant, but watches for opportunity
- Usually escapes unit via fire exit stairwell
- May walk out front door with infant concealed in her clothing or blankets or in a bag

### The Day of the Abduction

<table>
<thead>
<tr>
<th>Abductor Profile:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequently impersonates a nurse or health care staff person.</td>
</tr>
<tr>
<td>Asks health care staff detailed questions about procedures and maternity floor layout.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fire Exit Stairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequently uses the fire exit for escape.</td>
</tr>
<tr>
<td>Does not always target a particular infant, but instead will seize available opportunities.</td>
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</tbody>
</table>
Prevention: Security Measures in Place

• Doors are to be closed and locked at all times.
• Entry and exit from the locked units is closely monitored and regulated by staff.
• Badge access into locked areas is controlled by security.
• Closed circuit cameras are in place at all entry and exit points to each unit for the purpose of videotaping all individuals entering and exiting from the unit.
• Parents are educated prenatally and/or throughout their admission on tips for preventing infant abduction.
What is your role?

Think “BABY”

B – Behavior (that is, unusual behavior)

A – Alert for piggybacking

B – Be aware of the environment

Y – You and Infant/Child Abduction
What is your role?

B – Behavior (unusual behavior)

Be alert for unusual behavior.

• Unusual behavior you may encounter from a suspicious person includes:
  - Visiting repeatedly or requesting just to see or hold the babies.
  - Questioning about security devices on the floor or the layout of the floor ("Do babies stay with their mothers at all times?", “Where are the emergency exits?,” “Where do the stairwells lead?”)
  - Taking scrubs or other forms of identification while in the facility.
  - Carrying a baby in the hallway instead of using the bassinet to transport the baby or leaving the hospital with a baby while on foot rather than in a wheelchair.
  - Carrying large packages off the unit, such as gym bags, suitcases, and backpacks, particularly if the person carrying the bag is cradling or talking to it.

• If you see a suspicious person on one of the locked units, ask them “May I help you?” or “Whom are you here to visit?”
  - If they cannot provide an answer, escort them off the unit and notify security if they display other suspicious behaviors. Remember, “If you see something suspicious, say something.”
What is your role?

A – Alert for piggybacking

- Be aware of who enters and exits the locked units with you and/or behind you *(defined as piggybacking)*.
  - Ask the visitor if they need assistance and who they are here to visit. If they hesitate or do not know the answer, escort them to the nurse’s station for assistance.
- *Never* prop open locked doors.
- If you notice a suspicious person with a bag exiting the unit, do not be afraid to stop them and inquire about the contents of their bag.
What is your role?

B – Be aware of the environment

• Be aware of the possibility of diversionary tactics being used as a part of the abduction.

• An abductor could create a disturbance in another area of the hospital to create an opportune distraction.

• Be conscious of targeted rooms like those out of view of the nurses' station, close to stairwells, fire exits or elevators.

Pulling the fire alarm may be a diversionary tactic.
What is your role?

You – You and Infant/Child Abduction

- Educate your patients.
  - Only release infants to staff wearing official, verifiable hospital identification.
  - Question unfamiliar persons entering your room or inquiring about the infant. Alert the nurse’s station for any uncertainty.
  - Never leave your infant alone in your room.
  - Keep the infant’s crib/bassinet on the side furthest from the door.
  - Always transport newborns in the bassinet; do not carry newborns in your arms when outside the room.
What is your role?

Y – You and Infant/Child Abduction

In addition, parents of newborns in Maternal Newborn Services are also educated on the following (*taken from the Infant Identification and Security Information Form*):

**INFANT IDENTIFICATION and SECURITY INFORMATION**

1. **At the time of birth, you and your baby will be given bands with the same unique identification numbers.** With your permission, your spouse or significant other/partner will be banded as well. Please do not remove any bands until you and your baby go home. **Each time** your baby is brought to you, these numbers must be **verified by you and by the nurse.**

2. **Do not give your baby to anyone without checking to be sure that they are wearing an appropriate BEVERLY HOSPITAL ID.** Do not hesitate to ask for this identification.

3. **DO NOT LEAVE YOUR BABY ALONE FOR ANY REASON.**

4. **As part of our infant security program, all babies are to be transported by staff or parents in CRIBS ONLY.** For your baby’s safety, please do not carry your baby in your arms outside of your room. If anyone tries to carry your infant out of your room, **NOTIFY YOUR NURSE IMMEDIATELY.**

5. **As a part of our Infant Identification and Security Program, pictures are taken of ALL babies upon admission to the nursery and are kept on file.**

6. **All visitors and staff entering and leaving the Maternity Unit are videotaped for security reasons.**
What is your role?

Y – You and Infant/Child Abduction

- If you witness an infant abduction, activate “Infant/Child Abduction.”
- Activating an “Infant/Child Abduction” overhead.
  - “Infant/Child Abduction” is an incident involving a missing or suspected abducted infant/child patient from inside Beverly Hospital.
  - To activate, dial x3333 and tell the operator to activate an “Infant/Child Abduction” and the location that it has occurred.
DURING A SECURITY ALERT, YOU WILL HEAR
“SECURITY ALERT – MISSING INFANT/CHILD – LOCATION”
What is your role?

Y – You and Infant/Child Abduction

If “Infant/Child Abduction” is activated while you are on one of the locked units, look for guidance from the team leader and/or nurse manager on how you can be of assistance.

• You may be asked to:
  • Search a bathroom or unlocked storage areas.
  • Monitor an exit, nearby stairwell, or elevator lobby.
• Ask all visitors, patients, and staff to remain on the unit until “all clear” is announced. If anyone refuses, immediately contact security through the “3333” extension and document name/address and description of persons declining to stay.
• Do not use physical force to detain any suspicious person(s). Detain a suspicious person by asking him/her to stop, to view their packages/bags, asking for identification, and/or requesting they wait for security.
• Question all staff and visitors. Open ALL bags, cases, boxes, towels, blankets, carts, etc. NO EXCEPTIONS!
Please note that we have had several instances of suspicious persons reported here at Beverly Hospital.  

It *can* happen here.  

*You* are a part of our team.  

Let’s work together to be vigilant!
Tips: Prevent Infant Abductions

The National Center for Missing & Exploited Children® has put together a list of recommendations for hospitals and health care facilities to prevent infant abductions before they happen.

1. Authorized Staff Badges
   Parents — hospital staff authorized to transport your infant will be wearing unique badges with different colored backgrounds or special symbols letting you know they are authorized to take your baby to and from your room. If you don’t see the specified ID badge — do not hand your baby over and call the nurse’s station.

2. Matching ID Bracelets
   The parents and baby all wear matching ID bracelets. You and the nursing staff should check and compare those bracelets every time your infant is brought to you or taken from you.

3. Transport within Hospital
   Babies are always transported in cribs or by the hospital move or they are NEVER arm carried.

4. Direct Line of Sight
   Do not leave your baby out of your direct line of sight even when you go to the restroom or take a nap. If you leave the room or plan to go to sleep, alert the nurses to take your baby back to the nursery or have a trusted family member watch your baby.

5. Baby Photos
   Have at least one color photograph of your baby (taken within 5 hours of birth), with a full, front-face view, for your records to take home.

6. Footprints
   Since it is recommended that health care facilities have a footprint of babies, ask for a set to take home. And compile a complete written description of your baby including hair and eye color, length, weight, date of birth and specific physical characteristics.

7. Authorized Staff Only
   Be sure to ask at the hospital if anyone will or will not be doing any follow-up visits to your home. Do not allow anyone into your home who says he or she is affiliated with the hospital, health care facility or local health department, etc., without properly verified identification.

8. Birth Announcements
   Get creative with your birth announcements while keeping your child safer both online and off, by using minimal information. Specifically do not include the mother’s first name or home location when posting the announcement, and remember that information already posted in your online profile may provide these details.

See all the recommendations by visiting: www.missingkids.com/InfantAbduction

Thank you for taking an active part in keeping our babies & children safe!
Questions?
If so, please see your manager/supervisor for further assistance.

Remember! An alert and well educated staff is the single most important prevention strategy for infant abductions.
References

http://www.articleclick.com/Article/Prevent-Infant-Abductions-In-Your-Hospital/1796

http://www.jointcommission.org/assets/1/18/SEA_9.pdf

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