

Abandoned Baby

Classification :	Guideline		
Authors Name:	Carrie Tyas		
Authors Job Title:	Named Midwife for Safeguarding		
Authors Division:	Women’s and Children’s Health		
Departments/Group this Document applies to:	Maternity		
Approval Group: Maternity Guidelines Women’s health CIG		Date of Approval:	22/05/2020
		Last Review:	05/2020
		Review Date:	05/2023
Unique Identifier: MID/GL/60	Status: Approved	Version No: 5.0	
Guideline to be followed by (target staff): Midwives, Nurse and Obstetricians			
To be read in conjunction with the following documents: <ul style="list-style-type: none">Managing the death of a child in hospital guidelineHandling of Patients property policy			
Are there any eCARE implications? No			
CQC Fundamental standards: Regulation 9 – person centred care Regulation 10 – dignity and respect Regulation 11 – Need for consent Regulation 12 – Safe care and treatment Regulation 13 – Safeguarding service users from abuse and improper treatment Regulation 15 – Premises and equipment Regulation 17 – Good governance Regulation 19 – Fit and proper			

Disclaimer

Since every patient's history is different, and even the most exhaustive sources of information cannot cover every possible eventuality, you should be aware that all information is provided in this document on the basis that the healthcare professionals responsible for patient care will retain full and sole responsibility for decisions relating to patient care; the document is intended to supplement, not substitute for, the expertise and judgment of physicians, pharmacists or other healthcare professionals and should not be taken as an indication of suitability of a particular treatment for a particular individual.

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The ultimate responsibility for the use of the guideline, dosage of drugs and correct following of instructions as well as the interpretation of the published material **lies solely with you** as the medical practitioner.

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Guideline Statement

- This guideline is to provide Midwives and Healthcare staff with information to enable the appropriate actions to be taken when they are informed of an abandoned baby.
- This document is to guide Community Midwives, Midwives, Nurses and medical staff within the maternity and paediatric departments to provide evidence based advice.
- Attempts to trace the mother is a priority which may entail working with local and national media via the communications department
- Children's Social Care will make an application to court for a care order
- Any items found with the baby should be documented and handed over to Children's Social Care, to give to the child in the event his/her mother not being traced. Foundlings need as much information as possible about their birth

Executive Summary

Unique Identifier: MIDW-GL-60

Version: 5

Review date: 05/2023

Child abandonment is considered to be the act of leaving of a child on their own without any intention of returning to ensure their safety and wellbeing.

1.0 Roles and Responsibilities:

- Emergency Department (ED) staff – inform the Clinical Site Manager, Maternity Unit Manager and Named Midwife/Nurse for Safeguarding Children if baby brought into ED.
- Midwife/Nurse in Charge - inform the Clinical Site Manager, Maternity Unit Manager and Named Midwife/Nurse for Safeguarding if occurs on ward area.
- Clinical Site Manager – inform the Manager and Executive on call; liaise with security and Children's Social Care. Complete Datix.
- Maternity Unit Manager – out of hours to attend and liaise with police and Clinical Site Manager
- Security to be notified and coordinate with police
- Paediatric Consultant or Registrar – examine the baby and provide care as appropriate.

2.0 Implementation and dissemination of document

This Guideline is available on the Trust Intranet and has followed the Guideline review Process prior to publication.

3.0 Processes and procedures

3.1.1 When a baby is abandoned in the community and brought in to hospital

- The baby should be admitted via ED and transferred to the most appropriate clinical setting following a paediatric assessment.
- If the baby is dead and the mother is not found by police, the Paediatric Consultant or Registrar will assess gestation and determine whether the baby has lived or not to assist the Registrar of Births, Deaths and Marriages in registering the baby's birth. If the baby is under 28 days of age his/her death should be reported via Confidential Enquiry into Maternal and Child Deaths (MBRRACE). If the baby is over 28 days old then this death should be reported to Child Death Overview Panel (CDOP) by the submission of an A form (Appendix 6). The Managing the death of a child in hospital guideline should be followed.
- The Clinical Site manager to commence the Contact List for informing the relevant people (Appendix 2)
- If there are any witnesses to the baby being abandoned complete the Abandoned Baby Proforma (Appendix 3)
- Photographs of the baby should be taken and retained in the child's record if it is clinically appropriate and copies provided for Children's Social Care.
- Any items found with the baby should be kept to give to Children's Social Care in the event of his/her birth mother not being traced. Fully document all items found on the Patient Property Form (Appendix 4)

- Take foot and hand prints if possible. Evidence shows that foundlings need as much information as possible about their birth as they grow older.
- Maintain full and accurate records.
- The police and Social Worker will attempt to trace the mother as priority. This may entail working with local and national media. Trust communications should be informed to organise any filming in the maternity unit that may be done, in conjunction with police. This type of media attention has previously met with success in finding a missing mother.
- The Coroner must be informed if the baby is dead or dies within 24 hours of admission to hospital using the Rapid Response Procedure and CDOP Form A: Notification of Child Death (Appendix 5 and 6), or dies at a later stage from symptoms related to conditions at birth or when the baby was found e.g. hypothermia
- Any baby that is brought into the hospital as an abandoned baby should be reported on Datix.
- As with any serious incident (SI) there should be a formal debriefing to ascertain lessons learnt and fed back to staff.

3.1.2 When a baby is abandoned on a ward area

Implement Abandoned Baby Flow Chart (Appendix 1)

3.2 Children's Social Care (Under section 31 (1) of the Children's Act)

- Children's Social Care (CSC) will make an application to court for a care order to place the child in the care of the designated Local Authority. This order remains in force for 28 days and gives the Local Authority the right to place the baby with foster parents.
- If the birth mother is not found, CSC will arrange future care of the child
- If the birth mother is located, parentage will need to be confirmed, possibly through DNA profiling. The newly delivered mother will need physical, emotional and social support.
- If the mother is not located within the current timescales for registering the birth or neonatal death, a person will be nominated to register the birth in the absence of the birth mother e.g. live birth, stillbirth or neonatal death.

4.0 Statement of evidence/ references

5.0 Governance

5.1 Document review history

Version number	Review date	Reviewed by	Changes made
5	04/2023	Carrie Tyas	See record of changes below

Record of changes

Version number: 5			Date: April 2020	
Section Number	Amendment	Deletion	Addition	Reason
1	Changes to roles Reorganised roles in to event order			Now have Maternity Unit Mangers not Lead on Calls Flow improved
3	Appendix renumbered		Seperated into section for babies abandoned in community that are brought to hospital and babies on ward	No recognition of babies abandoned on the ward
Appendix			Abandoned Baby Flow Chart added	No recognition of babies abandoned on the ward
Appendix	Checklist changed to contact list		Bleep / phone numbers	Made clearer
Appendix			Abandoned Baby Proforma added	For identification of mother/persons abandoining baby
Appendix	Changes to wording of baby having died or subsequently dies			More sensitive language

5.2 Consultation History

Stakeholders Name/Board	Area of Expertise	Date Sent	Date Received	Comments	Endorsed Yes/No
Matrons		April 2020		No comments	N/A
Head of Midwifery and Paediatric Nursing		April 2020	08//05/2020	Security actions included	Yes
Consultant Midwife and Matrons		April 2020	N/A	No comments	N/A
Consultants		April 2020	04/05/2020	No comments	N/A
Registrars/SHO and Midwives		April 2020	N/A	No comments	N/A

4.3 Audit and monitoring

This Guideline outlines the process for document development will be monitored on an ongoing basis. The centralisation of the process for development of documents will enable the Trust to audit more effectively. The centralisation in recording documents onto a Quality Management database will ensure the process is robust.

Audit/Monitoring Criteria	Tool	Audit Lead	Frequency of Audit	Responsible Committee/Board
Every incident		Clinical Governance and Risk Midwife		a) CIG b) Healthcare Governance

5.4 Equality Impact Assessment

As part of its development, this Guideline and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientation, religion or belief, pregnancy and maternity, gender reassignment or marriage and civil partnership. No detriment was identified. Equality Impact assessments will show any future actions required to overcome any identified barriers or discriminatory practice.

Equality Impact Assessment			
Division	Women's and Children's Health	Department	Maternity
Person completing the EqIA	Carrie Tyas	Contact No.	
Others involved:		Date of assessment:	04/2020
Existing policy/service	Yes	New policy/service	No
Will patients, carers, the public or staff be affected by the policy/service?		Yes	
If staff, how many/which groups will be affected?		<i>All staff working in the maternity department</i>	
Protected characteristic	Any impact?	Comments	
Age	NO	Positive impact as the policy aims to recognise diversity, promote inclusion and fair treatment for patients and staff	
Disability	NO		
Gender reassignment	NO		
Marriage and civil partnership	NO		
Pregnancy and maternity	NO		
Race	NO		
Religion or belief	NO		
Sex	NO		
Sexual orientation	NO		

What consultation method(s) have you carried out?			
<i>Via email, discussion at guidelines meeting and CIG meeting</i>			
How are the changes/amendments to the policies/services communicated?			
<i>Via email, discussion at guidelines meeting and CIG meeting</i>			
What future actions need to be taken to overcome any barriers or discrimination?			
What?	Who will lead this?	Date of completion	Resources needed
Review date of EqIA			

Appendix 1: Abandoned Baby Flow Chart 1



Appendix 2: Abandoned Baby Contact list

Please inform the following people when an abandoned baby is found

	Date	Signature
Duty Hospital Manager		
Manager on call (via Hospital Duty Manager)		
Executive on call (via Manager on Call)		
Communications team (via Hospital Duty Manager)		
Coroner if baby has or subsequently died (via Hospital Duty Manager)		
Registrar of Births, Deaths and Marriages (via Hospital Duty Manager)		
Maternity Unit Manager #1440 (if on Maternity)		
Head of Midwifery and Paediatric Nursing 07973755426		
Hospital Security		
Police (Via Hospital Security)		
Duty Desk Mon-Thu 9-5pm/ Fri 9:30-4:30pm 01908 253818		
Children's Social Care Emergency Duty Desk out of hours 01908 265545		
Paeditrician		
On Call Community Midwife (if on Maternity)		
Named Midwife 07773040950 / Nurse for Safeguarding #1101		

Appendix 3: Abandoned Baby proforma

Maternal Sticker

Baby Sticker

Description of Mother/Persons seen abandoning baby including what they were wearing	
Presenting History Type of birth Days postnatal When last seen	
Concerns Emotional wellbeing Safeguarding concerns	

Appendix 4: Patient Property Form

MILTON KEYNES UNIVERSITY HOSPITAL NHS FOUNDATION TRUST

Ref Number:

Patient Last name (Capital letters) First Names.....Male / Female

MRN Ward / Dept Date Time

Form Completed By: Staff Member	Form Witnessed By: Patient	Second Witness - Relative:	Second Witness- : Staff Member
Print Name:	Print Name:	Print Name:	Print Name:
Staff Member's title:	<p>I understand that any article retained in my possession are held at my own responsibility.</p> <p>The Trust cannot accept any responsibility for patients property unless it is handed in for safekeeping and documented on this form as being held by the Trust.</p>	<p>I understand that any article retained in the patient's possession are held at the patient's own responsibility.</p> <p>The Trust cannot accept any responsibility for patients property unless it is handed in for safekeeping and documented on this form as being held by the Trust.</p>	Print Name:
Signature:	Patient's signature:	Relative's Signature:	Signature:
Date:	Date:	Date:	Date:

LIST OF PROPERTY WITH PATIENT – Not the Trusts Responsibility

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A Clothes			No's	A Clothes			No's	A Clothes			No's	B Jewellery			No's
1	Boots (pairs)			12	Jeans			23	Sweater/Sweatshirt			33	Necklace – White metal no stone		
2	Bra			13	Jumper			24	Tie			34	Necklace – White metal with stone		
3	Cardigan			14	Overalls			25	Trousers			35	Necklace – Yellow metal with stone		
4	Coat			15	Petticoat			26	Toilet bag & Toiletries			36	Necklace – Yellow metal no stone		
5	Dress			16	Pyjamas/Nightdress			27	Underpants/Knickers						
6	Dressing Gown			17	Scarf			28	Vest						
7	Girdle/Corset			18	Shirt/Blouse			29	Walking Aids						
8	Handkerchiefs			19	Shoes (pairs)				Other Clothing						
9	Hat			20	Skirt			30							
10	Hoody			21	Slippers (pairs)			31							
11	Jacket			22	Socks/Stockings/Tights			32							
B Jewellery			No's	C Valuables			No's	C Valuables			No's				
37	Ring – yellow metal no stone			43	Cheque Book			51	Keys - car						
38	Ring – yellow metal with stone			44	Credit Card			52	Keys - house						
38	Ring – white metal no stone			45	Debit Card			53	Passport						
39	Ring – white metal with stone			46	Dentures			54	Purse						
40	Watch			47	Driving license			55	Wallet						
	Other Jewellery			48	Glasses				Other Valuables						
41				49	Hand bag			56							
42				50	Hearing Aid			57							

D Cash			Valuables/Jewellery /Cash and Property sent for safekeeping and held by the trust- must be placed in self sealing property bag		
	£	p	Self Sealing Property Bag Reference Number:		

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Notes							
				List below items retained by the Trust using References 1 to 57	No's	List below items retained by the Trust using References 1 to 57	No's
	Silver						
	Bronze						
	Cheques / PO's						
	Total						
	Amount sent to general office						
	Total retained by patient						

Property and Valuables Received By General Office/Emergency Department By: Staff Member		Property Received on Discharge By Patient:	Property Received on Discharge By Relative:
Print Name:		Print Name:	Print Name:
Staff Member's title:			
Signature:		Patient's Signature	Relative's Signature:
Date:		Date:	Date:

Appendix 5: Rapid Response Procedure – Multi Agency Approach

Working Together to Safeguard Children (2015) sets out the procedures to be followed when a child dies in the Milton Keynes Safeguarding Children Board (MKSCB) area.

Rapid Response procedure is a rapid response by a group of key professionals who come together for the purpose of enquiring into and evaluating each unexpected death of a child. The duty social worker is contacted by the responsible consultant/ team and a Multi-Agency Referral Form (MARF) is completed and forwarded to the Milton Keynes Multi-Agency Safeguarding Hub (MASH).

An initial **Case Review Discussion** should be held between the lead professionals (the involved clinician, the senior investigating officer in consultation with the Child Abuse Investigation Unit (CAIU) Detective Inspector (DI) and the MASH at Children's Social Care. This is usually done by telephone by the involved clinician but should be initiated by the agency that has the initial contact with the child if not Health. The circumstances of the child's death and initial discussions involving the clinicians in consultation with the Police Senior Investigating Officer (SIO) needs to be incorporated into the MARF.

In the event of a child dying out of hours, the out of hours duty team will be involved in the case review discussion and refer into MASH for the next working day.

In most cases a multi-agency discussion will take place within the MK MASH. Depending on the outcome of this discussion a strategy meeting under s47 may be convened by Children's Social Care. There will be situations where the circumstances of the death are straightforward and this is not required.

A copy of the medical notes will be made available to the Coroner and the pathologist. The details of the involved clinician **MUST** be clearly recorded on the medical records. It must be clear on the medical records who the lead clinician is, to facilitate discussion between the pathologist and the lead clinician. This is particularly important in cases where a forensic pathologist is required.

If the death is suspicious or significant concerns are raised at any stage about the possibility of abuse or neglect, a decision will be taken for the police to become the lead agency, and take primacy in the investigation. In these circumstances consultation must take place with the police, to ensure no compromise of information to the parents/carers or those close to them, who may be responsible for or contributed to the cause of death. In all other cases Health remains the lead agency.

Appendix 6: CDOP Form A: Notification of Child Death



Form A - Notification of Child Death

CDOP Identifier (Unique identifying number)

Form A - Notification of Child Death

**Form A - Notification of Child Death**

CDOP Identifier (Unique identifying number)

Details of the death:

Location of death or fatal event (Give address if different from above)			
Death expected?	<input type="checkbox"/>	Expected	<input type="checkbox"/> Unexpected [†]
Reported to Coroner		Y / N / NK / NA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Date: / /
			Name:
Reported to Registrar		Y / N / NK / NA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Date: / /
			Name:
Has a medical certificate of cause of death been issued?		Y / N / NK / NA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Date: / /
Post mortem examination:		Y / N / NK / NA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Date: / /
			Venue:

† An unexpected death is defined as the death of a child which was not anticipated as a significant possibility 24 hours before the death or where there was a similarly unexpected collapse leading to or precipitating the events which led to the death.

Notification Details:

Please outline circumstances leading to notification. Also include if any other review is being undertaken e.g. internal agency review; any action being taken as a result of this death.

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