

Infant Abduction Prevention, Part 1

What hospital security administrators need to know to prevent abductions at their hospitals
By: Jeff Aldridge and Pamela Wells



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In less than a year, two different women, posing as nurses, have snatched newborns from their mothers in Lubbock, Texas. One of the kidnappings occurred in the home; the other infant was taken from a local hospital. An infant abduction is truly a tragic and traumatic event for the hospital and absolutely devastating for parents and family members. The media circus that follows is beyond description. Hospital administrators and staff are overwhelmed by an onslaught of local, state, and national media. The hospital staff never fully recovers and may even choose other careers.

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Because of the limited information available to the public, it is very unlikely that most new mothers or mothers-to-be would be even remotely aware of how easy it is for an abductor to enter a hospital room for the purpose of kidnapping a baby. Tragically, history has taught us that the kidnapper has very few barriers to gaining access into the maternity ward or the mother's room. In the largest percentage of these cases, the abductor uses a ruse or con as a means to take the child from the unsuspecting mother, or untrained staff member by impersonating another care-giver, usually a nurse. Once in the mother's room, the abductor continues to be very manipulative and will try to convince the mother to hand over her baby. After successfully leaving the mother's room with the infant, the kidnapper has no trouble leaving the hospital undetected. The whole process can occur in less than five minutes!

Reports of infant abductions go back for many years. Early reports were sporadic and much of the information obtained was anecdotal and of little use to law enforcement. The FBI has documented infant abduction cases as far back as 1950. Then, during the early 1980s, reporting methods improved as did the hospital's willingness to report abductions. Both of which may have contributed to the increased number of reported infant abductions during this decade. Cumulatively over the past 24 years, 248 infant abductions have been documented by the FBI (Federal Bureau of Investigations) and the NCMEC (National Center for Missing & Exploited Children). Close to 50 percent of these infants were taken from hospitals. Unfortunately, there is no Federal Regulation requiring law enforcement or hospitals to report infant abductions to a central clearing-house to ensure accuracy. Thus, it is quite conceivable that infant abductions may be under reported. To the casual observer, the number of infant abductions may not appear to be significant when compared to the 4.2 million babies born in this country each year. However, *these numbers are serious and significant to the victim baby, parents of the infant, and to the facility where the crime occurred.*

We have learned a lot about infant abductions in the past couple of decades. By carefully studying over 200 infant abductions that have occurred since 1983, we know that the majority of abductors are women, most are overweight and currently married or cohabitating with a significant other. Male abductors acting alone are documented in very few infant abduction cases. But it is important to point out that there are several cases where a male has worked in concert with the female abductor. Both male and female infants are abducted in almost equal numbers. Based on the NCMEC records, the majority of babies taken are recovered in less than one week. Only a small number remain missing. In cases where the infant was unattended, the abductor simply snatched the baby and exited the hospital. In many instances, the infant was concealed and carried out of the hospital under a coat or blanket, or some type of carrier, such as a gym bag, pocket book, or paper sack. However, there are instances in which the kidnapper makes no attempt to even conceal the newborn.

The Criminal Profile of an Abductor

Why in the world would anyone steal a mother's baby from a hospital, or for that matter, from anywhere? We've come to know there are many reasons why a woman becomes so desperate and obsessively compelled to steal another woman's baby without hesitation. Most of these women pretend to be pregnant in an effort to save a failing relationship or for fear of losing the attention they have enjoyed in the past. Once the abductor proclaims her false pregnancy, she has nine months to produce a baby or the relationship and the attention that feeds her low self-esteem are over. She will go to extraordinary means to convince her family, friends and loved ones that she is pregnant, when in fact she knows she is not. Typically, the abductor has delivered at least one child in her life, or has experienced a miscarriage, fetal death, or some other type of medical complication that prevents her from having a baby of her own. Statements from husbands and significant others have revealed that these men would indeed have left their common law wife or girlfriend, had they known she was not pregnant.

Based on cases we've studied, the abductor and their significant other will most likely live in or near the community where the abduction occurs. She may try to convince others she is pregnant by furnishing a nursery room for the "new baby" or by shopping for baby clothes. She is often completely consumed by her fantasy and becomes totally convinced she deserves a baby. The abductor may even attend prenatal classes. At this point she has internally justified her right to have a baby. The most frightening aspect of all is that she will do absolutely anything to get one. The vast majority of these women usually have not been in serious trouble and most are gainfully employed. Some of them are college educated with well established or successful careers. They so desperately want to become pregnant that they ultimately convince themselves as well as their friends and loved-ones that they are.

It is absolutely amazing to consider the lengths these women will go to in order to fool their friends and family members into thinking they are pregnant. In one such case when I testified as an expert witness, the abductor had concocted such an elaborate plan, and was so convincing, that her boyfriend really thought she was pregnant. He drove her to the OB doctor's office on a weekly basis. Upon dropping her off, he watched her enter the office before leaving. She would then walk through the doctor's office out the back door and take a taxi back to their apartment. She told her boyfriend she was having a difficult pregnancy and the doctor had ordered her not to have sex with him because it might endanger the baby. Her performance was so convincing she was even able to persuade this 21-year-old impressionable male that they needed to sleep in separate bedrooms. She persuasively stuffed a pillow under her clothing to help convince her boyfriend of the ongoing pregnancy. Her boyfriend was so gullible and so sure she was pregnant, he told the FBI that he not only heard the baby's heart beat, but also felt it kick. Is this not absolutely amazing?

We have discovered that the kidnapper takes good care of the abducted baby in most instances while the infant is in her custody. In fact she treats the victim baby as her own. Most infants that have been recovered after being abducted show no ill effect from the abduction event. This does not mean that an abducted infant may not be exposed to danger. A top university medical center retained our services in 2000 after one of their infants was abducted from their hospital nursery. Unfortunately, the baby was later found dead at the apartment of the kidnappers' boyfriend. The newborn was accidentally asphyxiated when placed face down in a clothes hamper to conceal the infant from police after they knocked on the apartment door. However, this was a fairly atypical ending to an infant abduction.

In our next installment, we look at the "Abductor's Modus Operandi."

About the authors:

Jeff Aldridge, CPP, is an internationally recognized healthcare security consult and the Nation's "Number One" expert on infant security. Jeff works with Fortune 500 Companies in the design and development of state-of-the-art security products for the healthcare industry. He founded Security Assessments International (SAI is online at www.saione.com) in 1994 and continues to provide services for healthcare facilities throughout the U.S. and overseas. In addition, he serves as a consultant to the National media and law enforcement on infant security issues and has provided collaborative assistance to the National Center for Missing & Exploited Children. Over the past 16 years Jeff has assisted over 600 healthcare facilities throughout the U.S. and abroad with their healthcare security issue. Jeff has assisted clients in England, Ireland, Australia, and Kuwait. He has been featured on ABCs 20/20, as well as "PM Magazine", a nationally syndicated television program. He was recently interviewed by NBC, CBS, and the FOX network concerning mother/baby mix-ups in hospitals. Jeff is a much sought after speaker for national and international healthcare organizations as well as a published author. Jeff testifies as an established expert witness in high profile infant abduction cases. He can be reached by email at jeff@saione.com.

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