

### Infant Abduction Prevention, Part 2

What hospital security administrators need to know about the MO of infant abductors



**Jeff Aldridge, CPP, is a nationally known expert on hospital security and a regular contributor to SecurityInfoWatch.com.**



**Pamela Wells is a clinical standardization and outcomes coordinator for Women's and Infants' Services for Erlanger Health System and a technical advisor on Infant Abduction Prevention for Security Assessments International, Inc.**

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**Jeff Aldridge, CPP, and Pamela Wells, RNC**  
*SecurityInfoWatch.com*

*[In our first part of this 3-part series, Jeff Aldridge and Pamela wells examined the phenomenom of infant abductions from hospitals and why abductors engage in these crimes. In this installment, they look at the common MO of infant abductors who strike hospitals. The profile is based on a number of cases in which they have testified or or been consulted.]*

#### Abductor's "Modus Operandi"

The abductor's "Modus Operandi" or "Method of Operation" (MO) is driven by their psychological make-up. Every abductor's thought, plan, and action is dictated by her insatiable desire to steal a child at any cost. She is highly committed to the fact that at the end of her elaborate plan she will successfully obtain a baby and will raise the child as her own.

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From the time we are born until the time we die we are taught to respect persons of authority and follow their orders. You know the ones: policemen, firemen, doctors, and nurses. When we were children growing up we were taught to do exactly what the doctor or nurse told us to do. In addition, we also learned to recognize symbols of authority by the uniforms they wore. Even today, when we are admitted to the hospital, we revert back to our childhood. The hospital becomes our parent figure and once again we become subservient to authority. Why is that? Well, as a patient, the nurse tells us when to go to the bathroom, when to eat, when to sleep, and when to take our medicine. And the typical abductor knows, that when she dresses in a nurses' uniform, and wears a stethoscope, or some other item of authority, that she may have stolen, the mother will immediately turn her baby over to the kidnapper without question. How is this possible you ask? The reason is quite simple. All of our lives, we have been conditioned to do just that. This is exactly why the typical infant abductor picks the mother as the number one target.

Furthermore, it is important to know that the mother's room affords the abductor an excellent opportunity to be alone with the mother and her baby. It is easier for her to perpetrate her ruse in privacy, especially out of sight of suspicious eyes and ears. It only takes a brief moment for her to convince the mother she is legitimate. Upon leaving the mother's room, the kidnapper can close the door and leave the hospital property well before anyone discovers that a baby has been kidnapped. In order for the abductor to be successful, she has to have uninterrupted time and privacy to practice her deception. She knows she is less likely to be interrupted by a hospital employee in a mother's

room with the door closed than a location where people are coming and going. And more importantly, inside the mother's room, the kidnapper has the mother's undivided attention.

Let's go back into the kidnapper's state-of-mind for a minute. Remember, she is first and foremost a criminal. And what is the first thing a criminal does not want to happen? You've got it...get caught. So even though the abductor is adept at perpetrating an elaborate con, her most favorable situation is to find a baby that has been left unattended. If that is the case, then all the abductor has to do is snatch the baby and run. Most of the time she does not have to run very far because there is always an unlocked emergency door close by to provide the much-needed quick escape for this remorseless stealer of children.

Here again, the abductor instinctively knows that the mother is a creature of habit; indeed, as humans, we are all creatures of habit. The frantic and busy atmosphere of the birthing unit can confuse and distract even the most organized mother. With all the confusion and preoccupation it is so easy, if only for a moment, for a mother to lose sight of her baby. She may just have to run to the bathroom for just a minute, or take a brief shower, or even doze off for a second. This is something the mother must not do; to leave her baby unsupervised for even a minute is unsafe. In the blink of an eye an abductor can snatch a baby, dash down a stairwell, exit to her waiting car, and be gone in a flash.

It never ceases to amaze me, from birthing center to birthing center throughout the US, the number of hospitals that still expose their mothers and babies to this unnecessary risk. As we evaluate the [security](#) in these mother/baby and pediatric units, we continuously see mothers sleeping while their baby is unsupervised, or taking a shower, or walking outside the room talking with someone, completely out of sight of their baby. When this is brought to the nurse manager's attention, she may say, "Our babies are electronically tagged and cannot be taken out of the unit by an unauthorized person without an alarm going off." She will say, "There is no way someone could take our babies." It is at that point the worn newspaper clippings and news stories are pulled out to show the nurse manager where numerous babies have been abducted while wearing an infant electronic tagging system.

Like most criminals, the last thing the abductor wants to do is to get caught. She begins her mission by selecting a hospital where she feels she will have the best chance of taking a baby without being noticed. She will evaluate a number of hospitals throughout the community and by using the process of elimination, she will eventually select a hospital where she feels the most comfortable abducting a baby. All abductors prefer a hospital that has the least amount of security. Her favorite target will be a busy hospital with a lot of activity where she can easily blend into the background. Her preferred hospital will offer open access where visitation will not be controlled and security is at a minimum. There will be few or no security cameras visible, and an unlocked emergency fire exit will provide quick access for her to escape down a stairwell exiting to the outside.

It will be extremely easy for her to go from service to service and floor to floor without being challenged. She will select a hospital where it is difficult to tell an employee from a visitor. Even though the badges are available, not all doctors, staff members and employees wear their hospital photo ID badge - which is often the one tool hospital's have that can distinguish between authorized employees and care givers from unauthorized persons. Many also wear their photo ID with the [picture](#) facing backwards because they do not like the unflattering picture on the front, or it may be a simple problem of lanyards flipping over the card.

Remember, the abductor's goal is to take a child from the maternity unit, exit the floor, travel through the main hospital, or down a stairwell, enter the parking lot, and leave the hospital campus without being caught. The most difficult part for the abductor is getting into the mother/baby unit unnoticed. Her primary goal is not to appear suspicious to hospital staff, while at the same time, she will need to convince the mother she is a hospital employee.

How does the abductor accomplish such a feat? It is uncanny how an abductor is able to select a mother that is easily susceptible to manipulation and easily succumbs to the power of suggestion. She will casually enter the victim mother's room and befriend her by pretending they have previously met and they are old friends or she will go into the mother's room several times to convince the mother she is an employee of the hospital. Once she has accomplished this, she is able to move freely throughout the mother/baby unit unchallenged. In effect, she has convinced the staff she is related to the mother and/or has convinced the mother she is a hospital employee. At the most opportune moment she will go into the mother's room, successfully lie to her, and, at that point, take the mother's baby and leave the hospital unseen.

Using a different MO, another abductor may spend time on a busy OB floor [learning](#) the staff's habits, practices, and weaknesses. She will hang around the waiting room until shift change knowing that is the time when there will be the smallest number of staff in the mother/baby unit. She will attempt to find an unlocked nurses lounge or locker where she can steal a scrub suit, lab coat or uniform. The official clothing will be hidden for use at the appropriate time. When she feels the time is right, she will change into her stolen scrub suit by using a nearby public rest room or empty patient room. She will then wait for the right time to make her move. It is then that she will make her way into the nursery. When she feels no one is looking she will take a baby, place it in a gym bag, or other container, and leave the nursery. She will immediately change back into her street clothes, throw the scrub suit away and leave the floor by an unlocked stairwell that empties directly to the outside, allowing her a quick get-away. The whole process will take place within a few minutes.

By the time someone has discovered the baby missing; the kidnapper will have left the hospital and traveled a considerable distance. The typical abductor tells us she picked a particular hospital as a target because she had the freedom to come and go as she pleased. Most abductors find they can travel the entire facility, day or night, without ever being challenged. By spending several days in and around the hospital and waiting rooms, the abductor learns all she needs to know to successfully abduct a baby. Most people are familiar with the Lindbergh baby kidnapping on a cold, winter night in 1932. However, the Charles Lindbergh kidnapping was for ransom, which does not fit the profile of the stranger abductor that threatens hospitals today.

### Common Abductor Tricks

- She will pretend to be a hospital staff member, i.e. nurse, social worker, lab technician, volunteer, doctor, etc. to convince the mother she is an authorized caregiver.
- She may attempt to convince the staff she is a friend or acquaintance in an effort to gain your trust. A typical trick may be to agree to watch the mother's baby while the mother goes to the bathroom or takes a shower. She then proceeds to steal the mother's baby while the unsuspecting mother is out of sight.
- She will use a ruse to convince the mother she needs to take her baby for a legitimate purpose, i.e., medical procedure or test, to weigh the baby, or to take the baby back to the nursery for the evening.
- She may not be familiar with hospital procedures and after removing it from its bassinet, attempt to arm-carry the baby as she leaves the hospital.
- She will not wear a hospital photo ID badge. If she is wearing a stolen hospital photo ID badge, the picture will be facing backwards to hide the authorized caregiver's picture.
- She may attempt to call the mother's room in advance to inform her she will be coming by to take her baby for a particular purpose. This will be a trick she will use to gain the mother's confidence as well as convince her to hand over the newborn child.
- In most cases she will be wearing a scrub suit, nurse's uniform, or lab coat that she had stolen earlier.

*In our next installment, we look at **Why Hospitals Are Targets, and What Actions Hospital Security Administrators Can Do to Fight Back.***

### 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](http://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](mailto:jeff@saione.com).

**Pamela Wells**, RNC, BSN, MSHA, IBCLC, RLC is a Clinical Standardization and Outcomes Coordinator for Women's and Infants' Services for Erlanger Health System and a Technical Advisor on Infant Abduction Prevention for Security Assessments International, Inc.

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