

National Missing Children Services,  
National Police Service, RCMP

By Marlene L. Dalley, Ph.D., Research Officer  
[Marlene.Dalley@rcmp-grc.gc.ca](mailto:Marlene.Dalley@rcmp-grc.gc.ca)

## **Infant Abduction from Canadian Hospitals**

Canadian hospital officials have planned and trained staff for a number of years to avert any attempts to abduct a newborn from a maternity ward. The first National Missing Children Services recorded incident occurred in 1991 in Toronto, Ontario. The incident happened when a nurse stepped out of the nursery for a few minutes leaving the baby unattended in a bassinet near the door.

In 1993, in Burlington, Ontario, a five-day old baby was abducted from her mother's hospital room. The abductor posed as staff and convinced the mother that the baby needed blood tests. Then she vanished with the newborn. The baby was located a half day later about 10 kilometers from the hospital.

In 1996, Canadians were once again shocked when an infant was abducted from a Kelowna, British Columbia, hospital by a woman and two teenage boys. A female abductor, posing as a hospital photographer, asked the newborn's mother for permission to take the baby for its photo and then disappeared. The sick baby was found unharmed in the bushes 15 kilometers from the hospital. Although this abduction posed a risk to the newborn, for the most part, the abducted babies are cared for well.

Following these incidents Canadian hospitals initiated a series of training workshops and seminars focusing on hospital security and safety procedures. The hospitals were sent information packages from several missing children government and not-for-profit searching agencies, including the National Missing Children Services, RCMP, Child Find and the Missing Children Society of Canada. On occasion, representatives of these organizations would visit the hospital and evaluate the hospital security measures and develop a report for future reference.

About a decade passed and during this time period, abductions from Canadian hospitals were rare. However, beginning in 2003, there was another cluster of abductions. These abductions were thought to be stranger abductions but further investigation revealed that the abductor was a family member. In 2003, an infant was abducted by a family member from an Edmonton, Alberta, hospital, and in 2004, on a cold wintry day an abducting father carried his baby out of a Windsor, Ontario hospital in a duffel bag. Most often babies are abducted by non-family members. On occasion, a parent will abduct the child for custody dispute reasons or if there is the threat of alternative care arranged for the baby, like social service.

These family abductions were followed by two non-family abductions. In 2006, two older teens abducted a newborn from a hospital located in Humber, Ontario, and in 2007, a woman posing as a nurse slipped out of a Sudbury, Ontario, hospital with a newborn when the mother was distracted. The abductor traveled to her home 300 Kilometers away with the newborn before it was recovered safe from harm.

Today, newborn security has become even a greater concern for families and hospital staff. Some hospitals use an ID tag security system. The newborn wears an ID tag on the wrist or ankle to prevent anyone from taking the baby outside preset boundaries. In some hospitals, the infant's movements are monitored by a central control panel. Nonetheless, security tags should not be the only security measure for the following reason. A recent research study conducted by the National Center for Missing and Exploited Children (NCMEC) located in Alexandria, Virginia, reported that of 11 babies abducted from US hospitals, six (6) perpetrators removed the security tag before exiting the facility. Also, it is important to note that female perpetrators use a hospital-like photo ID as part of the scam to abduct a newborn from a maternity ward. Although tags are important security precautions, there must also be protocols and procedures in place, as well as occasional drills to evaluate their effectiveness.

NCMEC, U.S. and NMCS, Canada officials recommend that mothers and families **MUST** visually inspect staff photo ID badges. The nurse should present the badge to the mother and encourage the newborn's mother and family members to carefully scrutinize and memorize the badge details. Also, it is extremely important for personnel to use specific color coding and/or unique dress designs, which identifies them as the authority designated to handle and/or transport a newborn.

In 2007, the cleaning staff noticed a women walking down a hospital corridor carrying a baby in her arms rather than in a bassinet - the bassinet transportation was hospital policy and procedure. They alerted hospital officials of this irregularity and

the possible abduction. The search for the infant was quickly activated and the baby was located safe a few hours later. It is extremely important for all hospitals officials to question or challenge anyone looking suspicious. As well, tight security measures must be in force at all times *inside and outside* the hospital.

The typical hospital abduction may involve a stranger. These persons sometimes pose as an employee, nurse or relative in order to gain access to the baby. A few studies showed that only a few perpetrators pose as hospital staff, but an analysis of Canadian cases showed half were impersonators. Worthy of note is the fact that an abductor may use a hospital-like photo ID as part of a scam to gain access to the maternity ward. Since many new mothers want to keep their babies in their room instead of the leaving them in a supervised nursery, it is easier for an abductor to con the infant from its mother's care. The impersonator usually requests the newborn be taken from the mother's care for hospital tests, photos and the like.

The abductors are usually females who really want a baby of their own. They are often overweight, compulsive, impersonators, married or cohabitating, and live in the community where the abduction takes place. They plan the abduction by visiting the hospital frequently and learning as much as possible about procedure, staff roles and floor plans. The perpetrators range from family members to unrelated childless couples making perverse attempts to procure a baby. Some abductors are pregnant and then have a miscarriage; others are not able to have children at all; while still others fake pregnancy and after nine months must produce a baby somehow.

Nonetheless, in most situations the abductor cares for the baby's needs well.

Although abductions from Canadian hospitals are rare, hospital security staff must always be on "high alert" and "well-prepared" to handle such incidents. Local law enforcement officials can be helpful in these situations too, especially if an AMBER Alert search and recovery plan is activated. Since 2002, 29 AMBER Alerts have been activated in Canada for all categories of missing children, including stranger abduction and parental abduction.

In conclusion, NMCS and not-for-profit searching agencies continue to informally monitor occurrences and assist hospitals as they plan and implement security measures in an effort to keep Canadian newborns safe from harm. For information on "Safety Tips for Expectant Parents," please consult the National Center for Missing and Exploited Children web site at

[www.missingkids.com](http://www.missingkids.com). \* See also 2007 Annual Reference Report for more information.