

## HEA 1016 Report

Indiana Task Force on Infant Mortality and Child Health  
Commission on Improving the Status of Children

### Directive

The Task Force on Infant Mortality and Child Health under the Commission on Improving the Status of Children met on August 17, 2015. The primary topic of discussion was the Commission's assignment within House Enrolled Act 1016, which concerned policies related to abandoned babies, specifically newborn safety incubators (also known as baby boxes).

The legislation required the Commission to do the following:

The commission shall, before January 1, 2016, submit to the general assembly in an electronic format under IC 5-14-6 and the governor's office recommendations concerning the following:

- (1) New methods or mechanisms for carrying out policies relating to abandoned children, including the use of newborn safety incubators (as defined in IC 16-35-9-4).
- (2) The production and distribution of information concerning the laws regarding emergency custody of abandoned children under IC 31-34-2.5.
- (3) The advisability of establishing and posting uniform signs regarding locations at which children may be voluntarily left with an emergency medical services provider under IC 31-34-2.5.

### Discussion Points

Dr. Walthall completed a literature review of the history and policies concerning abandoned babies (also known as anonymous birth). A summary of that literature review is provided below.

*Foundling wheels began in medieval times, as convents or churches placed revolving doors in buildings to allow for safe abandonment of babies. Variations on this practice exist currently in several countries across Europe, Asia and Australia after a 21<sup>st</sup> Century resurgence.*

*The United Nations Committee on the Rights of the Child has called for a ban on these boxes across Europe as there is emerging evidence that expansion of supportive programs for pregnant mothers and new mothers (and fathers) that address social determinants of health is more effective for proactive placement of infants or continued parenting if desired.*

*In contrast, the anonymous birth policy implemented in Austria demonstrated a significant decrease in neonaticide post-policy implementation as compared to baby box*

*deposits of infants, which was minimal. Additionally, the utilization of baby boxes in Germany since 2000 has not seen an associated decrease in abandoned babies or neonaticide.*

Following the presentation, there was a robust discussion by the Task Force members about the use of baby boxes and the current Safe Haven Law in Indiana.

### **Issues Raised**

- *Impact on existing Safe Haven law*
  - Indiana currently has a robust Safe Haven law that provides a 30-day window following birth. Many other states only allow a 24 to 48 hour window.
    - The existing Safe Haven law allows a parent, family member, friend, minister or priest, social worker or any responsible adult to give up custody of a baby to a hospital emergency room, fire station or police station in Indiana. All of these facilities are open 24/7.
- *Cost and liability*
  - When a baby box is installed at a facility, there are short-term and long-term costs that must be taken into account. There is the initial cost of installing the device. There are also ongoing utility and labor costs.
    - Questions were raised on whether there would be a safety concern during extreme weather that could lead to power outages.
    - Questions were also raised about the cost of monitoring the device 24/7 and the liability associated with a worker calling off or the device notification system malfunctioning.
    - Questions were also raised about the effectiveness of such devices in an urban versus a rural setting.
- *Education*
  - Is the general public aware of Indiana's Safe Haven law?
  - Do individuals know where to located a Safe Haven facility?
  - Are the Safe Haven locations available online or at the local level?
  - Do those staffing a hospital emergency room, fire station or police station know how to properly respond to an infant being abandoned?
  - Is additional education necessary to ensure consistency at each facility?
- *Target audience*
  - Identifying individuals who would be more inclined to use a baby box as opposed to dropping off an infant to an approved facility is extremely difficult, if not impossible.
  - It also has the potential to create confusion about what services the different facilities offer.

## **Recommendations**

HEA 1016, authored by Representative Casey Cox, provided the Task Force on Infant Mortality and Child Health with the opportunity to debate and explore the best ways to protect and serve our most vulnerable. It also highlighted the need for increased coordination and communication among stakeholders on the existing Safe Haven law.

Following the Task Force's review of the history and effectiveness of baby box installation in other countries, concerns were raised about implementation and whether the cost associated with it was the most effective use of those dollars.

Consequently, the Task Force on Infant Mortality and Child Health recommends that the state instead focus additional resources on improving awareness of the existing Safe Haven law through intergovernmental cooperation and marketing efforts. Additional training and education should also be available to those staffing a hospital emergency room, fire station or police station in Indiana to ensure consistency if and when an infant is abandoned at a facility.

With regard to uniform signage at facilities, it should be strongly encouraged. However, the public would be better served by having a resource directory that lists all Safe Haven locations for their area. This information could be made available online or through local social service providers.