

# Crikey Clarifier: how can we stop baby abandonment?

Dec 03, 2014 1:04PM | [EMAIL](#) | [PRINT](#)

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Two recent high-profile cases of baby abandonment has turned the spotlight on the problem. **Professor Karen Healy**, president of the Australian Association of Social Workers, explains why this happens, and what we can do about it.



On Sunday, a dead baby was found buried at Maroubra beach. This comes just 10 days after a baby was found abandoned but alive in a drain in Sydney. These tragedies call for a rethink on how we can better support vulnerable mothers and their children.

## Is there an infanticide epidemic?

Infanticide, the act of killing a child under 12 months, is a rare but concerning event. In Australia it is estimated that between seven and 21 infants die this way each year. Abandonment of babies is just as rare.

These cases catch the headlines and cause much concern. Names such as Kathleen Folbigg and Keli Lane are etched in the public mind with much confusion about why a mother would kill her child. The public are still outraged over the baby found in the drain at Quakers Hill two weeks ago.

## What would lead someone to kill or abandon a baby?

Child abandonment and infanticide are two very separate acts, yet, in some instances they share a common cause: concealment of the pregnancy. In the case of Keli Lane, her family and her partner testified that they were unaware of her pregnancies. In child abandonment cases it is also common for the family to be unaware of the pregnancy. In these cases, the infant is often left in a busy area, such as a hospital entrance, where the child is found soon after abandonment. It is also common for the mother to seek to retrieve her child after the fact of her pregnancy is revealed.

Unlike child abandonment, infanticide is often linked to severe mental illness of the mother. Such illness can include post-natal depression and psychosis. The mother has a higher risk of experiencing these illnesses if she also is subject to stresses such as poverty, domestic violence or marital conflict. The home environment of the mother is a critical factor in her mental health and the well being of her child. Although most hospitals have excellent psychosocial screening tools to identify mothers at risk at the time of the birth, psychological distress may not occur until she returns home.

### **What support services are there for mothers who might be at risk?**

The two recent high-profile and tragic cases bring to attention the limitations of our support services for vulnerable women. Currently, women giving birth are released from hospital as soon as possible after giving birth. NSW Health acknowledges that most mothers leave hospital within 24 to 48 hours. Many health professionals argue that allowing mothers to go home quickly has many positive benefits and reduces many risks, such as exposure to infections.

The problem lies in the limited home-based support services for vulnerable parents. NSW Health policy is that new parents are “offered” a visit by a child and family health nurse in the weeks following the birth, but mothers trying to conceal their pregnancy may well avoid this “opt in” system.

### **How can we prevent these things from happening?**

Keeping children safer depends on establishing a good support system around the mother. Ideally this should happen during the pregnancy. Services already seeing vulnerable women, such as mental health and domestic violence services, should be well connected to maternal and child health services. We need also to support a more seamless transition for the mother as she returns home.

There would be fewer such deaths if it was Australian health policy that new mothers never leave hospital alone and, if the mother has no support person, that she is accompanied home by a health worker to assist in settling the new family. Health services should visit all new families within 24 to 72 hours after they leave hospital to assess their support needs, as is already the case in some states. Intensive and continued follow-up should then be a matter of policy for all those identified as requiring additional social support.

It’s time for a rethink about how we best reach and support vulnerable families who are most at risk of the tragic outcomes we have witnessed over the past two weeks.