NATIONAL CURRICULUM IN REPRODUCTIVE PSYCHIATRY

Primary Psychotic Disorders

Media Conference: Baby Snatching

Facilitator's Guide

Contributors
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Overview

Popular media frequently touches on issues germane to reproductive psychiatry, such as postpartum depression, stress in pregnancy, and breastfeeding. Well-known celebrities such as Gwyneth Paltrow and Chrissy Teigen have voiced their experiences with maternal mental health to millions of people worldwide. However, the tone of the messages arising from the media can be tinged with stigma.

The ability to field patient questions arising from popular culture is an important professional skill for trainees to develop. In particular, trainees should be able to explain data and statistics cited in the lay media in an accurate, reassuring, and clinically relevant manner. Thus, the goal of this module is to have residents build communication skills that enable them to serve as knowledgeable and thoughtful representatives of reproductive psychiatry to a lay audience.

Each session consists of three parts: 1) reviewing and critiquing a piece from the popular media (such as from newspaper articles or social media); 2) appraising the comparable medical literature; and 3) role-playing a psychiatrist/patient interaction about how to communicate this topic to a lay audience.

The aim of reviewing the medical literature is to compare its findings with the information portrayed in the media. For the purposes of this exercise, the most relevant parts of medical literature are the abstract, the introduction, and the discussion. The aim is not to have an in-depth, "journal-club" analysis of the article (which is an important skill for residents to master elsewhere in their training), but rather to delineate in broad strokes the gaps between the information presented by the media portrayal and by the medical literature.

Sessions usually last 50 minutes but can be modified, depending on the number of media items and articles selected. The media conference is tailored for PGY-4 psychiatry residents but can be modified for any resident trainee group. A small group setting with time and space to work within break-out groups is recommended. After review of the media items and the medical literature, the group will divide into small groups of 2-3 residents to role-play the clinical interaction.

Learning Objectives

By the end of this module, participants will:

1) Critique media coverage of baby snatching
2) Discuss the seminal research article on baby snatching
3) Communicate thoughtfully and accurately with a lay audience (e.g. a patient in a reproductive psychiatry consultation)

Structure of the Session

1) Presentation of the media items (10 minutes): Faculty and residents together will review the media items
2) Review and discuss medical literature (15 minutes): Faculty and residents together will briefly assess the comparable medical literature
3) Role-play with case example (10 minutes): Small groups of residents with role-play a psychiatrist/colleague discussion
4) Large group discussion (10 minutes)
5) Wrap-up and Q&A (5 minutes)

Resources Required

1) A faculty moderator
2) Samples from the media
3) Relevant reference article
4) Laptop (with internet access) and projector

Required Pre-Reading

D'Orban, P. T. (1972). Baby stealing. *British Medical Journal, 2*(5814), pp. 635-639. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1788403/

Optional Supplemental Reading

Infant Abductions from the National Center for Missing and Exploited Children http://www.missingkids.com/theissues/infantabductions

Miller, S. (2007). Preventing infant abduction in the hospital. *Nursing, 37*(10), pp. 20, 22. https://journals.lww.com/nursing/fulltext/2007/10000/Preventing_infant_abduction_in_the_hospital.17.aspx

Stephenson, T. (1995). Abduction of infants from hospital: Vigilance and staff training are the keys to prevention. *BMJ,* 310, pp. 754-5.

D'Orban P. T. (1982). Child stealing and pseudocyesis. *British Journal of Psychiatry,* 141, pp.196-8.

Burgess, A.W., Carr, K.E., Nahirny, C. and Rabun Jr, J.B., 2008. Nonfamily infant abductions, 1983–2006. *The American Journal of Nursing*, *108*(9), pp.32-38.

Burgess, A.W., Baker, T., Nahirny, C. and Rabun, J.B., 2002. Newborn kidnapping by cesarean section. *Journal of Forensic Science*, *47*(4), pp.1-4.

Frierson, R.L. (2018). Feticide. In *Family Murder: Pathologies of Love and Hate.* S.H. Friedman & G.A.P. (Eds.) American Psychiatric Association Publishing. pp.39-52.

Presentation of Media Items

1) YouTube video clip: ABC News: "Carlina White Solves her Own Kidnapping, Amazing Reunion 1/20/2011" https://www.youtube.com/watch?v=oJ7yHRECTRs

2) Daily Beast: "Convicted Baby-Snatcher Ann Pettway Was Blinded by Selfishness, Doctors Say" https://www.thedailybeast.com/convicted-baby-snatcher-ann-pettway-was-blinded-by-selfishness-doctors-say

Critique of Media Coverage

1) What is the central claim of these media pieces?

Facilitator elicits the following:

- Precipitating factor to infant snatching was losing a baby
- Rare to have a stranger abduction last so long (23 years)
- That baby snatching is a crime of selfishness and desperation by women who may have little or no empathetic capacity
- Some women may be motivated to snatch a baby for fear that a partner will leave them if they do not conceive
- Most babies who are snatched are well cared for
- Ms. Pettway was unable to have children, had several miscarriages and stillbirths, had a history of abuse as a child, and depression that contributed to the baby snatching
- Healthy coping with infertility could include foster care or adoption, not baby snatching
- Mental health issues like narcissism and borderline personality are more common among those who snatch babies; such an act is rarely caused by psychosis

2) How do these media pieces influence (and potentially bias) the lay reader?

Facilitator elicits the following:

- Mental health issues and pregnancy loss contribute to baby snatching but it is rare
- Caution should be used when allowing people with mental health issues or pregnancy loss around babies

3) What is the "face validity" of the media coverage?

Facilitator elicits the following:

- These media items discuss only one case of baby snatching
- Experts interviewed seem to report similar things

Appraisal of Scientific Literature

Source material for media article:

D'Orban, P. T. (1972). Baby stealing. *British Medical Journal, 2*(5814), pp. 635-639. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1788403/

Read the seminal article, "Baby Stealing" by P.T. d'Orban. Though it was published decades ago, it remains the best description of characteristics of women who have engaged in this behavior.

1) What were the categories of Baby Snatchers described by d'Orban in this seminal article? Were these similar to what you would have suspected based on cases you've heard about in the news?

Facilitator elicits the following:

- d'Orban's categories included: 1. "Subnormal intelligence" who wanted a baby to play with; 2. "Schizophrenic patients", who had delusional ideas; 3. "Psychopathic personalities", with "hysterical personality traits" with a history of emotional deprivation; and 4. "Manipulative" who also experienced a personality disorder and stole the infant in order to continue a faltering relationship.

2) How would you update the names of categories using DSM-5 and current psychiatric knowledge?

Facilitator elicits the following

- Borderline intellectual disability or intellectual disability
- Schizophrenia/ psychotic disorder
- Psychopathy, cluster B personality disorders (antisocial, borderline, narcissistic, histrionic)

3) One of the primary concerns in these cases is that lay people may jump to the conclusion that "a woman who would do that must be mentally ill" or "…must be insane". How would you describe the phenomenon to a family member or friend, based on the article?

Facilitator elicits the following:

- d'Orban's article helps explain that while none of the groups of baby snatchers were without any mental health issues, they were certainly not all suffering from serious mental illness.
- Only in some cases does a perpetrator of this crime have a serious mental illness-- that is the Schizophrenia/Psychosis group. In occasional cases, a woman who is acutely psychotic, or out of touch with reality, snatches an infant. In these cases, it may be related to delusional thinking.
- More often, while the offender is not without psychological issues, the offender does not have serious mental illness. The offender may have had an intellectual disability, but more likely has had a history of emotional deprivation, pathological personality traits, an unstable relationship with a partner, and potentially a history of miscarriage or infertility.

4) How would an understanding of the characteristics of Baby Snatchers from this article help you to advise your hospital about prevention?

Facilitator elicits the following:

- From the article, there are various different pathologies that lead to infant abduction, some of which may occur in the hospital. The Manipulative group evidenced some careful planning, and as d'Orban notes, the need for a baby may be "immediate." Using this knowledge, hospitals have attempted to increase security on Labor and Delivery units, and in children's hospitals.

5) In an article a decade later, d'Orban wrote about three common offense patterns for baby snatching, including "comforting offences" committed by those with deprived backgrounds, immature personality traits and sometimes a mild mental handicap; "impulsive psychotic offences" committed during a relapse of psychosis; and "manipulative offences committed with the intention to consolidate an insecure relationship with a man and influence his feelings, by pretending to him that he is the stolen child's father." How are these categories consistent with the previous study?

Facilitator elicits the following:

- The "psychotic" category was similarly described in both 1982 and 1972. The "manipulative" category was also somewhat similarly described. The "comforting" category seems to have merged characteristics of the "subnormal intelligence" group and personality traits/disorder.

Role-Playing Exercise

Trainees should separate into groups of 2 or 3 with one trainee playing the role of reproductive psychiatrist and one or two trainees playing the role of an OBGYN colleague who has a question about an article they recently saw in the news.

Sample Case

CNN: Woman who cut out fetus sentenced to 100 years

https://www.cnn.com/2016/04/29/us/woman-who-cut-out-fetus-gets-100-years/index.html

An OBGYN colleague approaches the reproductive psychiatrist in the clinic about a recent case in the media. The OBGYN colleague was concerned after seeing a case of a woman who cut a fetus out of a woman (see link above). The OBGYN colleague reports seeing a woman with schizophrenia and is worried the patient could be capable of doing this because of mental illness.

The OBGYN colleague asks the reproductive psychiatrist, "What type of woman would snatch a baby?"

> *Sample responses might include:*
> *Baby snatching is a very rare occurrence and is not well-studied or understood. What we know about this phenomenon is limited to information from small case studies.*
>
> *From the available evidence, it seems that when baby snatching occurs, sometimes the perpetrator is experiencing a psychotic illness. In this case, she may have lost custody of her own children, but the "act" is often impulsive and occurs when she is actively delusional.*
>
> *Rarely the "snatcher" is either a young woman with an intellectual disability who wants baby of her own to "play with" or woman who has had a history of abuse or neglect in her own childhood and is looking for a child to help her feel loved. Often this latter category includes women who have had other mental health disorders or symptoms such as somatic symptom disorder, conversion disorder, substance use disorders, histrionic behaviors or suicidality.*
>
> *More commonly, however, women who snatch infants were engaging in manipulative behavior. Pathological personality traits are common. A miscarriage may precede the snatching, and deliberate simulation of pregnancy may occur, which is made easier if the woman is overweight. She actually may avoid seeing a doctor since a doctor will not diagnose pregnancy. In these cases, often the kidnapper will pose as a nurse, or may have helped care for the infant in a nanny-ing capacity. She may have been decorating a nursery at home in preparation for the infant. This may be in order to keep a partner in a fragile relationship. The male partner may have begun asking about when she is due, precipitating the need to act.*

The OBGYN colleague then asks the reproductive psychiatrist, "So how do I know if my patient is going to do this? What can I do to make sure she is OK?"

> *Sample responses might include:*
> *Based on the paucity of research available, it is very difficult to quantify the risk of such a rare event for any individual patient. But women with schizophrenia are one subtype of women who have been identified as being at-risk for perpetrating baby-snatching. In descriptions of baby-snatching cases, perpetrators with schizophrenia were not in any specific age range and didn't*

have previous criminal act, but were all in a severe episode of psychosis at the time of the snatching. Also, all appeared to have delusion focused on babies.

If your patient is stable with her current mental health treatment and not actively experiencing psychotic symptoms, it would be very unlikely she would snatch a baby. Some women with schizophrenia may experience mild psychotic symptoms even when medications are optimized, but again if these are not severe and not strongly associated with reproductive issues, it is unlikely her risk would be increased. Women who present for prenatal care with the strong false belief they are pregnant, have delusions of have given birth or had babies stolen from them would have indication of higher risk and should be referred for evaluation by a psychiatrist. In this setting, accompanying severe agitation, anxiety and/or expressed plans of self-harm, harm to others, or kidnapping would warrant emergency evaluation.

Wrap-Up and Q&A

1) For the learner role-playing the reproductive psychiatrist: what was challenging about this interaction? What information do you wish you had to add to the discussion?

Sample answers might include: Stigma or perceived stigma from the OBGYN, explaining psychiatric issues to a colleague from another specialty, keeping the conversation professional

2) For the learner role-playing the OBGYN colleague: what was it like to be on the "colleague" side of this discussion? Did you learn anything new during this discussion?

Sample answers might include: Feeling uncomfortable asking these questions, feeling empowered having a conversation with a colleague from another specialty, learning more about the challenges of women with schizophrenia