



## **Primary Psychotic Disorders**

### **Media Conference: Baby Snatching**

#### *Trainee 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](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?

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

3) What is the “face validity” of the media coverage?

### **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?

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



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?

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

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?

### **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:*

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:*

### **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:*

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:*