



DEPARTMENT OF THE NAVY

BUREAU OF MEDICINE AND SURGERY
WASHINGTON, D.C. 20372-5120

IN REPLY REFER TO

BUMEDINST 6320.71
BUMED-33
11 Jul 90

BUMED INSTRUCTION 6320.71

From: Chief, Bureau of Medicine and Surgery

Subj: PROCEDURES FOR IDENTIFYING NEWBORNS

Ref: (a) Accreditation Manual for Hospitals by the Joint
Commission on Accreditation of Healthcare
Organizations, 1988
(b) NAVMEDCOMINST 6000.1A

Encl: (1) Footprinting of Infants reprinted from the FBI Law
Enforcement Bulletin, October 1966 (Revised October
1977)
(2) Sample Format for Record of Birth

1. Purpose. To provide:

a. An example of birth records to be issued by naval medical
treatment facilities (MTFs).

b. Procedures to identify newborns following reference (a).

2. Cancellation. NAVMEDCOMINST 6320.20, BUMEDINST 6320.45A and
NAVMED 6320/20.

3. Background. From a medico-legal viewpoint, and in the
interest of maintaining the highest standard of patient care,
permanent, positive newborn identification records are vital to
resolve any questions regarding the relationship of mother to
infant. See enclosure (1).

4. Identification Required

a. Identical identification bands must be fastened to the
newborn's wrist and ankle and the mother's left wrist (in
addition to the band the mother received at the time of
admission). In cases of multiple births, a separate
identification band must be placed on the mother's left wrist for
each newborn. Each of the three bands must:

(1) Be printed with a matching number.

(2) Include mother's full name and register number; sex
of newborn written as "girl" or "boy" (leave blank in the case of
ambiguous genitalia); and date and time of birth. An identifi-
cation method for multiple births needs to be established, like
"boy A" and "boy B."



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b. Record prints of the right index finger of the mother and both feet of the newborn on NAVMED 6320/11, Newborn Identification. This form is printed on special high-gloss, cast-coated paper to aid in obtaining legible prints. If other than the right index finger print of the mother is taken, it must be properly identified. To assure legible prints, recommend:

(1) Personnel taking prints be adequately trained in the proper techniques following enclosure (1) guidelines. Requests for training assistance from local law enforcement agencies or the FBI are encouraged.

(2) Local experts be consulted periodically about technical acceptability of prints being taken. An evaluation program should be established. Inking methods such as disposable pads, reusable pads, or printer's ink and roller, are at the discretion of the commanding officer.

5. Action. To assure that permanent, positive newborn identification records are created and appropriately recorded, addressees must adhere to the following:

a. Records of Birth

(1) Include information contained in enclosure (2) and the activity seal in the record of birth. Use of graphic art, size and quality of paper, and layout are determined at the local level.

(2) Ordinarily the record of birth is presented to the mother while still an inpatient. If the mother of a newborn leaves the hospital prior to presentation of the record of birth, send a completed record of birth to the mother within 3 working days of discharge. Indicate the place (State or other jurisdiction of birth) where the legal birth certificate can be obtained. This is especially important for births occurring aboard ships and aircraft and in foreign jurisdictions.

(3) Follow reference (b) in reporting of all births occurring both within and outside the 50 United States.

b. Identification Bands

(1) At Delivery

(a) Delivery room personnel must prepare and attach identification bands, initiate NAVMED 6320/11, and record necessary fingerprint and footprints. The identification procedure (bands, finger- and footprinting) should be explained

to the mother in the delivery room as both she and the infant are being banded and prints taken of the newborn.

(b) Before the departure of either the mother or newborn from the place of delivery (except in a medical emergency), a staff member must certify, by signing the newborn's NAVMED 6320/11, that:

1. The three identification bands have been attached as prescribed.
2. The three bands are identically numbered.
3. The three band inserts contain the required identical information.
4. The necessary fingerprint of the mother and footprints of the newborn have been recorded.

(c) In a medical emergency when immediate removal of the mother or newborn from the place of delivery is imperative, a staff member present at the delivery must complete the identification process and verify on NAVMED 6320/11 immediately.

(d) Prepare an Inpatient Admission/Disposition Record, NAVMED 6300/5, for the newborn and enter the assigned register number on the newborn's NAVMED 6320/11. The preparation of an admission identification band for the newborn (in addition to the two bands attached at birth) is not required. File NAVMED 6320/11 and NAVMED 6300/5 in the newborn's inpatient record.

(2) In the Nursery

(a) When the newborn is first brought into the nursery, the nurse must compare the information on the newborn's identification bands with NAVMED 6320/11 to confirm identity. Prepare a crib card for the infant immediately upon confirmation of identity.

(b) Each time the infant is removed from or replaced in the bassinet, incubator, etc., a staff member must verify that the infant is correctly located by comparing the information on the crib card with the infant's identification bands.

(c) Upon the first presentation of the newborn infant to the mother in her room, the mother and a staff member must verify that the number and information on all three bands are correct and identical. This must be documented in the mother's inpatient record.

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(d) During succeeding presentations of the infant to the mother, the mother and a staff member must verify that the number and information on the infant's bands and the mother's band match.

(e) If at any time before discharge of the mother or infant, one of the three matching identification bands is lost or destroyed, the entire set must be replaced with a new band number and recorded on the infant's NAVMED 6320/11.

(3) If Infant is Retained After Discharge of Mother.

Prepare an admission identification band for and attach to the retained infant when the mother is discharged. Bands attached at birth must not be removed. The new admission band insert must include the infant's last name, first name if known, register number assigned at time of birth and date of admission (birth). Advise the discharged mother to retain her part of the infant identification band set for use as additional confirmation of identity when her infant is discharged.

(4) At Discharge

(a) No infant will be discharged into the custody of any person or agency except the mother or mother's spouse unless authorized by the commanding officer, executive officer, or medical officer in charge.

(b) At discharge of mother and infant together, the mother must compare the preprinted number on the infant's identification bands attached at birth with the number on her part of the three-piece set in the presence of a nurse and affirm that they are identical. This must be documented in the mother's inpatient record.

(c) At discharge of infant retained after discharge of mother, the mother (or person taking custody) must compare the information on the infant's identification bands with the identifying data on NAVMED 6320/11 in the presence of a nurse and affirm that the information is the same. This must be documented in the infant's inpatient record.

(d) One of the infant's bands attached at birth must be removed and attached to NAVMED 6320/11 with staples in the allocated space. The remaining band and the admission band (if one has been made) must not be removed before the infant's departure from the MTF.

(e) The mother (or person taking custody) must read the certification-of-identity statement on NAVMED 6320/11 and sign the form. The nurse present or other command-designated

officer or responsible civilian employee must then sign as witness.

(f) When an infant is transported from the hospital of birth to another MTF, the medical attendant must:

1. Compare the information on the infant's identification bands with the identifying data on NAVMED 6320/11.

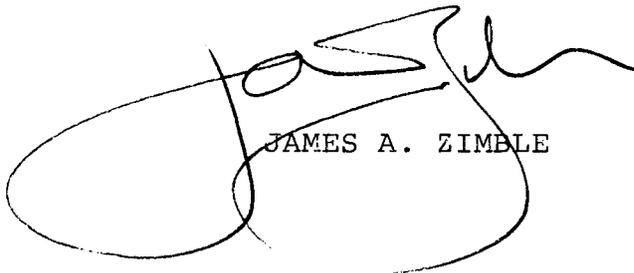
2. Attach one of the infant's identification bands to NAVMED 6320/11 with staples. The remaining band must stay on the infant for identification on arrival at the receiving MTF.

3. Sign the certification-of-identity statement on NAVMED 6320/11.

4. Indicate the destination of the infant on NAVMED 6320/11.

6. Forms. NAVMED 6300/5 (Rev. 9-85), Inpatient Admission/Disposition Record, S/N 0105-LF-206-3026 and NAVMED 6320/11 (8-72), Newborn Identification, S/N 0105-LF-214-1620 are available from Cog 1I stock points of the Navy Supply System and can be ordered per NPFC P-2002-D.

Distribution:
(see next page)



JAMES A. ZIMBLE

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FOOTPRINTING OF INFANTS

THE FBI HAS for many years advocated the footprinting of infants at birth as a valuable means of positive identification.

In the past news media have carried accounts alleging that the footprints of babies are valueless and are a source of needless expense to hospitals. These conclusions may well have been drawn from an inadequate and inconclusive survey which did not support the contentions made. Accordingly, we feel that it is timely to reiterate the value of footprinting as a positive means of identification.

Interest in this subject is revived each time the identity of a child becomes a matter of vital importance, as in a crime such as kidnaping or

murder, abandonment, or loss of temporary means of identification. Fortunately, the occurrence of these incidents is relatively infrequent, but the hard fact remains that once the temporary means of identification is removed or the infant separated from its natal environment, positive identification may be extremely difficult.

The cost of footprinting a child is a negligible item in the total expense of hospitalization, and the possibility of identifying a child in an emergency cannot be measured in dollars and cents.

It is an unquestioned fact that the ridged areas of the hands and feet offer positive identification of the in-

dividual. The arrangement of ridges on the fingers, palms, toes, and soles of every person is unique; that is, it is never duplicated in other persons. The ridges are present at birth and persist throughout life without natural change. Uniqueness of ridge characteristics extends even to identical twins, and for that matter to all children involved in multiple births. Cases of confusion in the identity of "physically identical" children occasionally arise, and the FBI has successfully resolved several such cases through use of footprints made at birth.

Footprints of the newborn child are taken in preference to prints of any other ridged areas, since the foot offers

a relatively large plane area with less joint movement than the hands and legible impressions are accordingly easier to obtain.

In two separate kidnaping cases, the infant victims were identified by footprints taken at birth. The potential use of infant footprints is not necessarily limited, however, to the immediate postnatal period. As an example, a 2½-year-old boy, a victim of drowning, was positively identified through footprints from his birth certificate. In the recent past the FBI's experts identified the body of a teenage girl murder victim with footprints from her birth certificate.



Proper method of inking child's foot.

The Right Baby

A case which illustrates the more typical use of an infant's footprints is that of a child born prematurely in a hospital. Under the circumstances, it was necessary for the child to be kept for further care and treatment after the mother was discharged. When the time came for release of the infant to the mother, she at first refused to accept the baby as her own. The mother had been separated from the child for some time and she could not recognize it. As a matter of fact, she commented that she thought the infant was "too ugly" to be her child. It then became the task of the hospital to convince the mother that this particular baby was actually her offspring.

The normal methods of identification were practiced in this particular hospital. These included a beaded name bracelet attached to the infant's wrist which was still attached at the time the mother appeared to claim her child. This evidently was not conclusive enough, however, to convince the mother. She reasoned that perhaps the bracelet cord had broken and then had been inadvertently placed on another baby's wrist. The family's name was on the crib card,

but maybe the cribs had been switched. Footprints of the child had been taken at birth as a routine matter. Comparison by FBI experts of footprints of the child taken the day the mother made her complaint with those taken in the delivery room at the time of birth established positive identification. As a result, the mother's doubt was erased and the hospital was relieved of a situation that could have resulted in extreme embarrassment, adverse publicity, and extensive and expensive litigation.

Points to Emphasize

Three particular points should be emphasized in the footprinting procedure:

- (1) In the hospital delivery room, the life and care of the mother and the newborn child are of paramount importance. If at all possible, however, the footprinting of the infant should be performed in the delivery room before either the mother or the child is removed.
- (2) Footprinting should not replace the usual hospital methods of labeling infants for ready visual identification but should supplement these methods.
- (3) For footprinting infants, hospitals need not employ specialized personnel but should make certain that one or more permanent members

of the hospital's obstetrical staff are adequately trained and instructed in proper techniques of taking legible footprints.

The FBI has never advocated any centralized file for infant's footprints and does not maintain any such file. The fineness of the ridges and limited gross pattern features make such an undertaking impracticable. Footprints are maintained solely as part of official hospital records for possible use should a question of identity arise. Let us reiterate that the taking of footprints in no way eliminates or negates the temporary means of hospital identification, such as name bands which are of the greatest value in routinely associating mother and child. The ready physical utility of such devices cannot be matched by footprints, but footprints constitute a positive means of identity when these devices break or are removed.

Legible Impressions

It must be stressed that in order to be of identification value, the footprints must be legible. Criticism of the practice of taking infant footprints is based almost solely on the fact that many such impressions are illegible.



Improperly taken impression of infant's foot is of no value for identification purposes.

Illegibility of impressions may be due to one or several of the following factors:

- (1) Excessive ink or improper type of ink. Excessive ink is pushed between the ridges and results in a solid impression. Watery types of inks such as writing or stamp pad inks are too thin to adhere uniformly, lack body, tend to spread out into the paper, and dry too slowly.
- (2) Excessive pressure. This will push ink between the ridges and produce a solid impression.
- (3) Movement or slippage of the foot, giving a blurred impression.
- (4) Failure to cleanse the feet. All cellular debris should be removed from the foot and it wiped dry prior to printing. Failure to do so will prevent legible ridge detail.

It is true that some training is essential in order for hospital personnel to procure legible impressions. Such printing, however, can be taught to personnel and does not require the services of trained fingerprint technicians. While total legibility of the sole is preferable, it is not a requisite in order for the prints to be of value. Quite frequently, a legible

area one-fourth inch square may contain sufficient ridge characteristics for positive identification. Experience has shown that one of the areas most likely to show legible characteristics lies immediately behind the great toe.

Equipment Needed

The equipment required for taking footprints is relatively inexpensive, easy to obtain, and requires little training to use. A common method is to use printer's ink (a heavy black paste), a roller, and an inking plate (a small piece of plate glass or polished metal). The roller best adapted to this work is similar to that used by printers in making galley proofs and should be about 3 inches long and 1 inch in diameter.

In preparing to take a set of impressions, one should place a very small daub of ink on the inking plate and thoroughly roll the ink until a very thin, even film covers the entire surface. For best results, the area of the feet to be printed should be thoroughly cleaned and dried by wiping with a piece of gauze. The ink may be applied directly to the infant's feet from the roller, but care should be

exercised to insure a very thin film of ink on the foot. The inked area is then pressed firmly upon the surface of a card or certificate backed by a clipboard or similar surface. Caution must be used to avoid movement of either the foot or the paper during the printing process in order to prevent smudging the print. Too much ink and too much pressure will result in a mere blot on the card which is of no value for identification purposes.

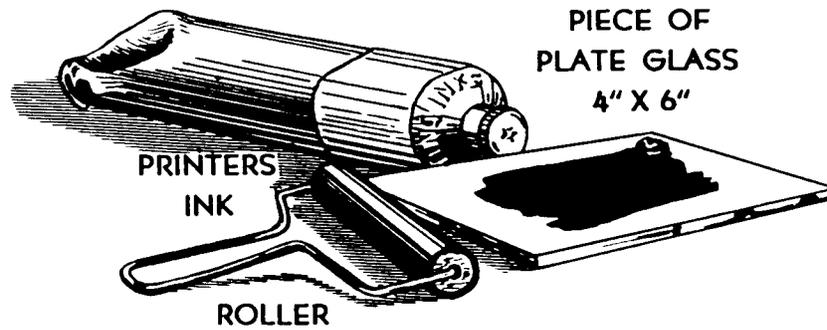
The suggested card to be used in recording footprints of infants for identification purposes for filing in a hospital's records is 5 by 8 inches in size and is made of thin white cardboard. It is suggested that the following data be included thereon:

1. Name and address of the hospital.
2. Name of infant.
3. Date of birth.
4. Race and sex.
5. Name of mother.
6. Signature of person taking print.
7. Remarks, or any other information which the hospital might deem advisable to record.
8. Infant's left-foot impression.
9. Infant's right-foot impression.
10. Right index finger of the mother.

While the above-described printing method is believed an extremely desirable one, it is recognized that legi-

Hospital			
	Name	Address	
Infant's Left Footprint	Infant's Name	Infant's Right Footprint	
	Date of Birth		
	Race		Sex.
	Mother		
	Person Taking Print		
Remarks			
	<div style="border: 1px solid black; width: 80px; height: 80px; margin: 0 auto;"></div> <p style="text-align: center; margin: 0;">Mother's Right Index Fingerprint</p>		

Typical card used by hospital in recording footprints of infants.



Equipment necessary for taking foot impressions.

ble impressions have been taken by other methods. All such prints are acceptable for identification, provided

they are legible and will retain such legibility through the early childhood period.

SAMPLE FORMAT FOR RECORD OF BIRTH

DEPARTMENT OF THE NAVY

Record of Birth

(Activity Seal)

The Naval Hospital Groton, Connecticut
certifies that Matthew Roy Kane
was born to Teresa A. Kane
and Floyd L. Kane
at 0431 on the 29th day of April
19 90.

Rose M. Stone
Rose M. Stone, M.D.
Attending Physician

J. T. Brown
J. T. Brown
Commanding Officer

THE OFFICIAL BIRTH CERTIFICATE IS AVAILABLE AT Town of Groton,
Attention: Town Clerk, Route 12, Groton, CT 06349 (address and
telephone number)
(203)441-6640.