

Baby Harvesting – 7 Minute Briefing

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What is Baby Harvesting?

Child harvesting or baby harvesting refers to the systemic sale of human children, typically for adoption by families in the developed world, but sometimes for other purposes, including trafficking. The term covers a wide variety of situations and degrees of economic, social and physical coercion.

[Baby harvesting](#) is a form of Modern Slavery and a subset of human trafficking

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Who are the Victims?

Victims are both women and children who can be held captive, raped, and forced to deliver babies. Babies are sold illegally to adoptive parents, forced into child labour, trafficked into sexual exploitation or as some [reports](#) suggest, ritual harm. Most reported victims have been from Nigerian heritage, but this activity is not exclusive to this group.

Most victims are young unmarried women from lower income families who are scared of social stigmatisation as a result of an unwanted teenage pregnancy. Some victims are trafficked after searching abortion clinics, others are kidnapped. Most of the discovered baby factories have been found in Southern Nigeria.

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Further information

It is also important to report any suspicious activity to Greater Manchester Police on 999 in an emergency. Information can be shared directly using the [partner intelligence sharing form](#) to FIB@gmp.police.uk Further contacts:

[Programme Challenger](#)

[CrimeStoppers](#) 0800 555 111

[Modern Slavery Helpline](#) 08000 121 700

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Action to take:

Be clear with terminology around the purpose of the referral for police, child, and adult concerns. Any concealed pregnancies require referral to CSC and discussion with Safeguarding Leads. Think about the potential harm to both adult and baby when framing referral

Consider flagging on own system or electronic records to collate data.

Ensure information sharing is sound across the safeguarding system (named midwife, ICB safeguarding leads)

Always use an interpreter to support any suspected victim and think about safe spaces to assist disclosure.

It is important to consider hiding GP record information from online sharing if there could be a safeguarding risk of perpetrators being able to access this information.



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Potential Risks

Consider the various harm to the adult at risk - Trafficking (forced labour, and sexual exploitation) potential victim of coercion, rape and physical abuse, Mental Health concerns, trauma, lack of antenatal and postnatal care)

Consider the various harms to baby (Trafficking, ritual harm, lack of antenatal care, lack of accessibility to universal services and 0-5 healthcare)

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Emerging Concerns

A number of women have presented themselves at 36+ weeks pregnant to maternity services. They often present at the labour ward without having had any prior care (although, some may have had a scan or one antenatal appointment) One story being offered is that they had just arrived in UK. They all appeared to have left accommodation after babies were born with no forwarding addresses.

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Spotting the signs

- Late presentation to the labour ward
- Not previously known or limited antenatal care.
- No or temporary GP registration.
- May not have official ID/Documentation
- May have an 'Immigration Healthcare Surcharge' as part of a visa or immigration application.
- May have short term accommodation (hotel/Travelodge)
- May advise they have just arrived in the UK
- Consider surrogacy reasoning and [appropriate legislation](#)