

## SAFE BABY

The bond between mother and baby is said to form long before birth. It is known that the communication between the mother and baby begins in the first months of pregnancy, and the baby recognizes and reacts to the mother's voice starting with the last months of pregnancy. Therefore, birth represents both a union and a separation. For the first time, the baby is deprived of the mother's sheltering intimacy, and the safety of the baby now depends on many external factors and the risks surrounding the baby multiply fast. Exhausted mothers who have gone through a difficult process like birth may be overwhelmed with the fear that they may not protect their babies, and will not be accustomed to entrusting their babies to someone else. This is quite normal. However, it is the responsibility of hospitals and the related healthcare professionals to alleviate this concern and to prioritize the care and safety of the babies at the highest level.



In the standard procedure, precautions are taken for the most serious situations that may arise in newborn units such as babies being swapped as a result of negligence, discrepancy in records, or malice. While creating the baby's hospital record, the fingerprint of the mother and the footprint of the baby are taken with ink printing and are matched. However, this method is insufficient to protect babies and families against serious security risks. Ink printing has two main problems. First, the unique marks and lines on the hands and feet of newborn babies called papillary lines are not distinct and settled enough to be transferred distinguishably on another surface via ink. This affects quality of the print and reduces its trackability. The second problem is that it is not possible to compare the ink-print instantly with the other prints kept in records. Identity verifications using ink prints can be done manually by experts and usually takes days. In addition, ink-print records do not contribute to the safety of newborn units, nor do they provide an effective way to track the baby and the responsible personnel within the hospital.

### The Papilon Safe Baby System uses biometric technology to limit entry and exit to neonatal units to authorized personnel.

The software behind our biometric scanners keeps a digital entry and exit log in the background. The log specifies the exact time of the personnel's entry and exit. That way, personnel authorized to enter the unit can be held accountable for the time they spent in the unit. Papiilon solutions contribute to the employees' sense of professional responsibility and protects the employees against being held liable for a mistake or misconduct in which they have no involvement. Thanks to the **Papilon Baby Footprint Scanner**<sup>1</sup>, the identity of the baby removed from the unit for routine examination or breastfeeding can be verified and the information that the baby is out of the unit is entered into the log. The same procedure is repeated on the baby's return to the unit to keep a reliable record about the whereabouts of the newborn as long as the baby is in the hospital.

Taking the baby's and the mother's prints with Papiilon scanners speeds up the discharge process and ensures that the security of the baby and the mother are protected till they step out of the hospital.

Papilon Safe Baby system makes mothers happy, keeps babies safe, and serves as proof to the organization's professionalism. It protects families, medical professionals, and hospitals.

<sup>1</sup> **Baby Footprint Scanner (noun):** A footprint scanner specifically designed to scan the foot, toe, and thenar prints of newborn babies.