Criminalising compassion: Why Baby Saver Boxes must be protected, not punished

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South Africa (SA) faces a silent crisis of infant abandonment, often in unsafe environments, driven by poverty, stigma and limited access to abortion. Baby Saver Boxes – secure, monitored drop-off points – offer a humane alternative aligned with constitutional imperatives of life, dignity, healthcare and the best interests of the child. However, proposed amendments to the Children's Act risk criminalising compassion, reframing safe relinquishment as abandonment and undermining harm-reduction strategies. This punitive approach causes increased cases of neonaticide and maternal desperation, deters healthcare engagement, and places healthcare professionals in ethically fraught positions. Evidence from global best practice – including Germany's *Babyklappe* and US safe haven laws – demonstrates that legal recognition of safe relinquishment reduces mortality and promotes maternal health. A rights-based approach, informed by trauma-sensitive policy and intersectoral collaboration, is essential to protect vulnerable mothers and infants. SA must choose compassion over control, integrating Baby Saver Boxes into public health systems to uphold human rights and prevent avoidable deaths.

Keywords: Baby Saver Boxes, safe relinquishment, abandonment, constitutional imperatives, harm-reduction strategies, neonaticide, maternal desperation, healthcare professionals' ethical burden, global best practice (*Babyklappe*, safe haven laws), trauma-informed policy, rights-based approach, intersectoral collaboration

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South Africa (SA) faces a silent crisis: thousands of infants are abandoned annually, many in unsafe environments such as pit latrines, rubbish bins and open fields. Baby Savers SA (BSSA) estimates that for every baby found alive, two are found dead.[1] This is not merely a tragedy – it reflects systemic failure in law, health and social support. Baby Saver Boxes, secure and monitored drop-off points, offer a humane alternative. Yet proposed amendments to the Children's Act 38 of 2005 seek to criminalise their use, reframing safe relinquishment as abandonment.[2]

If passed, these amendments will expose desperate mothers to criminal liability. This punitive approach ignores constitutional imperatives: the rights to life (s11), dignity (s10) and access to healthcare (s27), and the best interests of the child (s28(2)).[3] Baby Saver Boxes uphold these rights. Criminalising them undermines harm-reduction strategies and risks increasing neonaticide – a phenomenon linked to unplanned pregnancies, lack of abortion access and social stigma.[4,5]

Healthcare professionals on the frontline

Doctors, nurses and allied health workers are often the first responders when abandoned infants arrive at hospitals. They witness the devastating consequences of unsafe abandonment: hypothermia, infections and trauma. These professionals also bear the ethical burden of caring for mothers in crisis – women who may avoid healthcare facilities out of fear of prosecution. Criminalising Baby Saver Boxes will deepen this mistrust, making it harder for healthcare workers to provide antenatal care, counselling and safe delivery options.

Healthcare professionals operate under the ethical imperative to preserve life and prevent harm. The Health Professions Council of SA guidelines emphasise patient-centred care and non-maleficence.[6] Criminalising Baby Saver Boxes creates a chilling effect, discouraging mothers from seeking antenatal care and placing doctors in ethically fraught positions – forced to navigate between legal compliance and clinical compassion.[4,5]

Public health consequences

Neonaticide often occurs in contexts of poverty, stigma and lack of access to safe abortion.[4,7-9] Criminalisation does not address these underlying drivers; instead, it increases the associated harms, including unsafe abandonment, neonatal mortality and morbidity, unsafe abortions and poor uptake of reproductive-health resources. Emergency services already face resource constraints; punitive laws will compound these pressures. Maternal mental health is a critical determinant of child survival. Fear of prosecution intensifies psychological distress, leading to avoidance of healthcare facilities. Healthcare workers, too, experience moral injury when unable to offer safe alternatives.

Global best practice and WHO guidance

Globally, safe relinquishment mechanisms are recognised as life-saving interventions. Germany's *Babyklappe* system and US safe haven laws allow anonymous surrender without prosecution.[10-12] These models prioritise survival over legal control. The World Health Organization (WHO) advocates harm-reduction strategies for maternal and child health, including confidential relinquishment options.[13,14] Countries with safe haven laws report reductions in

neonaticide and improved maternal engagement with health systems. SA should align with these evidence-based practices.[4,5]

Parliamentary deliberations on baby savers

During the Portfolio Committee on Social Development's deliberations on the Children's Amendment Bill,[5] Members of Parliament raised critical questions about the legal status and practical implementation of baby savers in SA. Ms L van der Merwe (Inkatha Freedom Party) queried why baby savers had not been legalised despite SA being an early adopter of the concept. She asked whether this was due to a lack of understanding or awareness, or deliberate policy choices. Additional questions focused on age limits for safe relinquishment, and whether children placed in baby savers could later be reunited with their families.[5]

Committee members also sought clarity on the proposed locations for baby savers, particularly in rural areas where police and fire stations are scarce. Ms L Arries (Economic Freedom Fighters (EFF)) asked how baby safe havens could be implemented in such contexts, and requested data on the number of baby savers currently operating. Ms B Masango (Democratic Alliance) raised concerns that baby savers were being viewed as a reactionary measure rather than a proactive solution. Further, Ms P Marais (EFF) highlighted systemic issues such as delays in accessing abortion services – often of 3 - 4 months – which force women to carry unwanted pregnancies to term, increasing the risk of abandonment.[5]

Dr Whitney Rosenberg responded that the primary barrier to legalisation was a lack of awareness and persistent misconceptions. Baby savers are often wrongly perceived as legalising abandonment, rather than providing a safe alternative to prevent harm. Her research showed that awareness campaigns and legal recognition must work hand in hand. She explained that most countries impose an age limit of 1 year for safe relinquishment, which aligns with SA data indicating that 90% of abandoned infants are <1 year old. Importantly, SA's current system allows for family reunification within a 90-day provisional period before adoption proceedings commence.[5]

Rosenberg emphasised that baby savers are proactive, not reactionary, because they prevent unsafe abandonment and save lives. She noted that SA currently has ~40 baby savers, which have facilitated the safe recovery of ~460 infants. However, their effectiveness is hampered by legal uncertainty and insufficient public awareness. She stressed that baby savers should be installed in high-risk areas and integrated with other interventions, such as crisis pregnancy centres. While baby savers are a last resort, they remain a vital harm-reduction tool in a context where abortion access is limited and maternal desperation is high.[5]

Legal and ethical imperatives

SA, as a signatory to the United Nations Convention on the Rights of the Child[15] and the African Charter on the Rights and Welfare of the Child,[16] is obligated to protect children's right to life and development.[5-7] Criminalisation conflicts with these obligations. Law-making must reflect proportionality and constitutional morality. Criminalising acts of care contradicts the principle of the best interests of the child and undermines public health objectives.[17] A rights-based approach requires intersectoral collaboration – health, social development and civil society working together.[4,5,18]

We agree with Rosenberg,[4] who opines that the proposed amendment disproportionately affects poor, young and marginalised women. It reframes maternal desperation as criminality rather than a symptom of structural inequality. Trauma-informed policy is essential: treating mothers as offenders exacerbates harm, and deters engagement with support services.

Civil society and ethical imperatives

Civil society organisations such as BSSA and Door of Hope have developed protocols ensuring safety and accountability. Their work fills a critical gap left by the state. Criminalising these efforts dismantles progress and leaves vulnerable populations without safe alternatives.[4,17] Behind every Baby Saver Box is a story of survival – a teenage girl hiding her pregnancy out of fear, a migrant woman avoiding violence. These are not acts of neglect; they are acts of care.

Healthcare workers, ethicists and legal scholars agree: punitive measures will not prevent abandonment – they will drive it underground.[4,5] Instead, SA must adopt a rights-based, harm-reduction approach. Recommendations include:

(*i*) legal recognition of safe relinquishment
(*ii*) integration with health and social services
(*iii*) public education campaigns
(*iv*) monitoring and data collection
(*v*) collaboration with civil society.

Call to action for healthcare professionals

Doctors and nurses are uniquely positioned to advocate for harm-reduction policies. Professional bodies should engage policy-makers, emphasising that Baby Saver Boxes complement – not replace – comprehensive maternal health strategies. Integration of Baby Saver Boxes into maternal health programmes would enable immediate medical assessment of the infant, and facilitate referral of the mother for counselling, contraception and mental health services. This approach aligns with public health principles: reducing harm, preventing mortality and promoting continuity of care.

Conclusion

Doctors and nurses cannot save lives alone. They need policies that support compassionate care, not criminalisation. Baby Saver Boxes are not a threat – they are a lifeline. SA must choose compassion over control, evidence over ideology, and human rights over punitive law.

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