

Case Report

Newborn Infanticide within Hospital Premise An Unusual Case Report

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Abstract

Many a time's forensic pathologists come across infant deaths. Neonaticide is the deliberate killing of a child within four weeks of birth. Infanticide is the killing of a child who is less than one year of age. The killing of newborn infants has been practiced from time immemorial for a variety of reasons.

Today, the social stigma attached to the out-of-wedlock pregnancy is usually the most common motivating factor to resort to the commission of such a crime. Infanticide can be performed by the acts of commission or acts of omission. Acts of commission include strangulation, smothering, blunt head injury, multiple injuries, drowning and poisoning. In infant strangulation deaths, the classical features of asphyxia are often absent, presumably because of the ease with which the vulnerable infant dies. Infant death is a challenge to forensic pathologist and to law enforcement authorities. Here we present an unusual case of male newborn infanticide by ligature strangulation while he was along with his mother in postnatal ward.

Key Words: Neonaticide, Infanticide, Ligature Strangulation

Introduction:

Foeticide is the killing of the foetus at any time prior to birth. Neonaticide is the deliberate killing of a child within 4 weeks of its birth. Infanticide is the killing of a child who is less than one year of age. [1] Historically, infanticide has by no means always been a crime, and has been practiced as a social and economic necessity since the dawn of humanity.

The Forensic Pathologist, however, has to deal with the practicalities of infanticide as they exist today and should be able to assist in identifying the mother, to estimate the maturity of the child, to determine stillbirth or live birth and to determine cause of death and manner of death. The social stigma attached to the out-of-wedlock pregnancy is usually the most common motivating factor to resort to the commission of such a crime. Superstitions, poverty and ignorance may be the other factors, especially amongst the village folk. [2]

Case Report:

As per clinical papers a newborn male baby was born to a primigravida mother by normal delivery at our hospital.

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The baby cried immediately after birth and was then with mother. After 17 hours of his birth, grandmother of the baby brought the baby to NICU in limp condition with complaint of baby not accepting the feed. The on duty resident of the NICU examined the baby, noted ligature mark over the neck and declared the baby as dead at 09.45 am on 13.02.2014. Information was given to the police.

Autopsy Findings:

On autopsy, weight of the baby was 2500 gm and length was 47cm. Other physical parameters were within normal limits.

Umbilical cord was clean cut and clamped. Rigor mortis was less marked in extremities, post-mortem lividity was present on back and was not-fixed and there were no signs of decomposition.

Face was congested, lips were bluish and dried, and fingernails were bluish.

Following injuries were noted over the body;

1. Pressure abrasion in the form of ligature mark present over lower neck transverse, completely encircling, except 1cm area over left lateral region.

The ligature mark was of length 15.5 cm, breadth variable from 0.3cm to 1.5 cm (At the centre-0.3cm, right lateral-1cm, left lateral-1.5cm, posterior-0.8cm). The ligature mark situated 4.5cm below chin, 1.5cm above supra-sternal notch, and 3.5 cm below each angle of mandible, 2.5 cm below occipital protuberance, and 2.5 cm above C7 spinous process.

The ligature mark was dry and reddish brown. Double ligature mark seen prominently over nape of neck, 4x0.8cm. (Fig. 1 & 2)

On dissection-Infiltration of blood seen within underlying subcutaneous tissues, posterior aspect of cricoid cartilage and anterior spinal muscle on left side.

2. Crescentic abrasion in the midline over lower anterior neck, 0.3cm above the ligature mark, 1.2x0.3cm, dry, reddish brown
3. Two abrasions over left supra-clavicular region, 0.5x0.4cm and 0.5x0.3cm, dry, reddish brown
4. Three abrasions over sub-mandibular region, 0.6x0.2cm, 0.5x0.3cm and 0.5x0.1cm, dry, reddish brown
5. Under scalp hematoma over left parieto-occipital region, 7x5cm, dark reddish black. (Fig. 3)

Internal organs were congested. Stomach contained mucus and there was no abnormal smell. Cause of death was given as “**Ligature strangulation**”.

Discussion:

Legal definitions of infanticide vary among different countries; the medical concept of infanticide is uniform, being the deliberate killing of a newborn infant. In England, the Infanticide act was re-enacted in a more satisfactory form in 1938. [3]

In India, there is no distinction in law between infanticide and murder. In cases where infanticide is not proved, the mother may be charged with concealment of birth and the punishment in such cases may extend to imprisonment up to two years or fine or both.

Infanticide is usually committed at the time of, or within a few minutes or hours after the birth. [1] In case of the newborn deaths, the points to be decided are;

1. Whether the child was stillborn or dead born and was the viability attained or not?
2. Whether the child was born alive, if born alive then how long did the child live?
3. What was the cause of death?

Infanticide can be performed by the acts of commission or acts of omission.

Acts of omission include omission to make the necessary preparation for the birth of the child, omission to tie the cord after dividing it, omission to remove the child from the mother's discharge, omission to protect the child from exposure to cold or heat and omission to supply proper food. [2]

Acts of commission include strangulation, smothering, drowning, blunt head injury, multiple injuries, poisoning and live burial.

Strangulation presents the usual features of bruises and abrasions on the neck. The classical features of facial congestion, cyanosis, edema and petechiae may be present, but are often absent, presumably because of the ease with which the vulnerable infant dies.

Smothering is a simple, convenient and extremely difficult to prove as it may not leave any evidence, especially if caused by soft cloth. If more force is used bruising of inner surface of lip may be seen. Blunt head injuries are relatively common.

Cutting of the umbilical cord so as to cause exsanguinations of the newborn is another mode of newborn infanticide.

In old day's arsenic, tincture of opium has been used for infanticide. In Western countries coal gas has been used by mothers to include her child in suicidal pact. [2]

Mishra K et al reported two cases female Neonaticide committed by their mothers while in the maternal wards. [4] Pawan Mittal also reported a case of female infanticide by inflicting multiple contusions all over her body. [5] Infanticide by decapitation was described by Amoroso. [3]

Neonaticides are most often committed by poor, relatively young, single women who lacked prenatal care. [6] The killing of a child within the first 24 hours of life was motivated in 83% of cases researched by Resnick by the fact this was an unwanted child and murder was committed to silence the intruder. [7]

The killing of newborn infants has been practiced from time immemorial for a variety of reasons. Many strategies are proposed and many of them have been implemented like strengthening of existing laws, save the girl child campaign to counter act the problem of infanticide especially female infanticide.

Conclusion:

To conclude majority of infanticides occur within minutes or hours of birth. The most frequent methods to commit infanticide are suffocation, strangulation, blunt head trauma and drowning. Forensic pathologist has to be very cautious while examining a case of suspected infanticide so that there should not be any miscarriage of justice.

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Fig. 1: Ligature Mark over Neck (Anterior)



Fig. 2: Ligature Mark over Neck (Posterior)

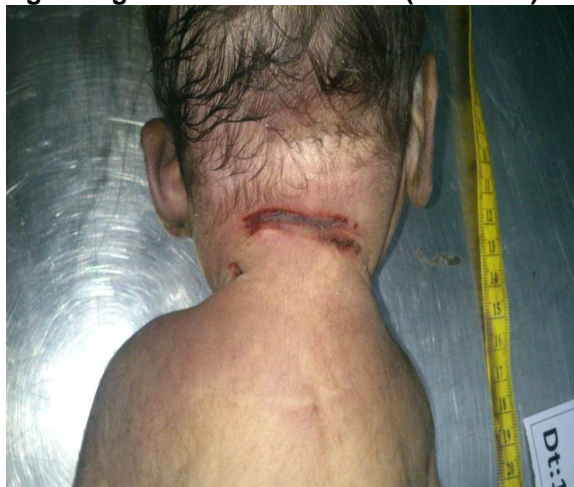


Fig. 3: Under Scalp Hematoma



Fig. 4: Tongue Block

