



Model Adoption Protocol For Hospitals

**Developed by the Health Care Provider and Social
Work Committees of Adoption STAR**

INTRODUCTION: Model Adoption Protocol

The field of adoption is filled with history. Beginning with secrecy and hiding the unwed mother to today's open adoptions. Through the years adoption experience and research has taught us that the healthiest form of adoption is when a birth mother utilizes the resources of an authorized adoption agency.

Women of all ages and in various situations often come to health professionals interested in making an adoption plan because they feel that the health professionals have the knowledge that could help them make an informed decision. To help that person, the professional must have information about adoption. This information must be professional, rather than personal and must be updated routinely.

Ideally, an ethics committee should help develop the policies and recommend them to the administration for adoption. Policies should be clearly written and any ambiguous words defined.

A Model Adoption Protocol for hospital ethics committees to review and hopefully implement is attached.

MODEL ADOPTION PROTOCOL

TO: *HOSPITAL STAFF*

FROM: *HOSPITAL ADMINISTRATION*

REFERRAL TO HOSPITAL SOCIAL WORKER

Every pregnant woman considering adoption is to be referred as soon as possible to hospital social services staff. No other hospital employee or physician with hospital privileges should discuss adoption with the patient or participate in adoption arrangements, without the involvement of the social services department.

The hospital social worker's first responsibility is to ascertain whether the pregnant woman has an established relationship with an outside agency. If so, the hospital social worker should notify the agency that the woman is in the hospital, ready to deliver or having just given birth.

If the woman has not sought adoption counseling prior to her admission to the hospital, the hospital social worker should discuss her adoption plans and assist her, as needed, in obtaining services of a state authorized or licensed adoption agency. Authorized adoption agencies specialize in counseling birth mothers about their options so they can make an informed decision that is right for them. These options may include placing the child for adoption or parenting the child herself. The birth father will be included in adoption planning, if appropriate. An authorized adoption agency not only specializes in counseling but works under the premise that no one can make a decision to place a child for adoption (or adopt a child) without counseling, education and support. If the woman has not selected an authorized adoption agency already, the hospital social worker should provide her with appropriate referrals to authorized adoption agencies.

If a woman interested in adoption gives birth when hospital social workers are not available, medical staff should have on hand a list of authorized adoption agencies whose staff can respond quickly to meet the mother and provide her with adoption information and counseling.

The woman's medical record must document her discussion of the adoption plan with hospital social services staff and reflect adoption counseling provided and adoption agency referral, as appropriate.

THE ROLE OF THE PRIVATE ADOPTION ATTORNEY

Some women choose private adoption rather than agency adoption prior to notifying medical staff that she is considering adoption. In some cases, the birth mother and the adoptive parents may have found one another on their own, for example, through a newspaper advertisement. Medical staff should be aware that most states prohibit dual representation in a private placement adoption; in other words, it is against the law for an attorney to represent both the birth mother and the adoptive parents. It is also against the

law in many states for attorneys to act as facilitator, for example, to locate a baby for adoption. New York, for example only permits adopt agencies to provide counseling and placement services and only authorized agencies are able to charge or accept a fee or other compensation for placing a child for adoption; and that fee is limited to “the reasonable and necessary expenses of such placement.” Only an authorized agency can provide the birth parents with profiles or information on adoptive families.

Hospital staff should be wary of an attorney who may approach a new mother or offer assistance in placing her child or of an attorney who claims to be representing both the new mother and the adoptive parents. Hospital staff should also be wary if an attorney states that the birth mother declined counseling or if the adoptive parents are paying for counseling. Counseling must be objective and include alternatives to adoption.

Many women in a crisis situation will decline counseling when asked, but skilled authorized adoption agencies offer such counseling as part of the process. The client is not asked to initiate counseling, but rather invited and encouraged. The majority of women who work with adoption agencies receive counseling pre and post adoptive placement. Also, a woman who works with an adoption agency and chooses to parent the child, rather than place the child for adoption, is often more prepared to raise her child than a woman who did not receive counseling. An adoption agency is required to thoroughly discuss a parenting plan as well as adoption planning.

THE IMPORTANCE OF CONFIDENTIALITY

The confidentiality of the mother must be respected. Her plan for adoption is not to be discussed with or reported to other hospital personnel on premises unless it has a direct connection to her care. Moreover, information should not be provided to individuals who call or visit the hospital about the mother’s condition, reasons for hospitalization, or discharge plans or adoption plans, without the express permission of the mother. Hospitals who release birth data to newspapers, a new baby website affiliated with the hospital, etc., for publication should not include information on babies whose mothers are planning adoption.

Physician and other hospital staff are not legally permitted to mention potential adoptive parents to patients, show profiles of prospective adoptive parents, or to refer a patient to “someone they know” who wishes to adopt.

CONTACT WITH THE BABY

Hospital staff should take extra care to follow the mother’s wishes regarding contact with the baby during the hospital stay, including seeing the baby, holding the baby, feeding the baby (either bottle or breast), naming the baby, rooming-in, recovery in a non-maternity ward, etc. Until she signs a legal surrender of her parental rights, the birth mother is the baby’s mother, with all attendant rights and responsibilities.

Surrenders cannot be signed until after the baby is born and should not be signed until the birth mother has recovered sufficiently from the birth experience to make a thoughtful decision about adoption. Many birth parents, despite being certain of their adoption plan before birth, require additional time to rethink the plan once their baby has become a reality. Within most states, the surrender of a child may be deemed invalid if the birth parent signs under coercion or duress. For both ethical and legal reasons discharge plans should reflect a birth parent's readiness to make a permanent plan for their child.

THE ROLE OF PROSPECTIVE ADOPTIVE PARENTS

Prospective adoptive parents may attend the baby's delivery, only at the birth mother's request. With the birth mother's permission, adoptive parents may visit her and the baby in the hospital. With the birth mother's permission, adoptive parents may participate in the baby's care during its hospital stay. Staff should particularly facilitate this if the mother is discharged prior to her baby and especially when the baby has experienced medical challenges during and after birth.

With this in mind, it is imperative that the birth mother as the patient genuinely makes the request independent of the desires of the adoptive parents or in a private adoption, of the attorney(s) involved. Adoption agencies want to be assured that if the birth mother desires to spend time with the baby that she spends as much quality time with the child after birth without having circumstances such as the adoptive family presence inadvertently "pressuring" her in making her final plans.

DISCHARGE

It is not mandatory that an infant be discharged to the birth mother. With the birth mother's written permission, the infant may be discharged to a relative, the birth father, or an adoption agency. Hospital staff should be wary of an attorney acting in a dual capacity seeking to obtain discharge of the child from the hospital. When a birth mother is planning a private adoption, the hospital should discharge the baby directly to her or the birth father. If s/he desires to hand the baby to the adoptive parents or an attorney, s/he must do so outside of hospital premises.

Discharge of an infant to anyone other than the mother must be accompanied by the following documentation:

1. A written release signed by the birth mother authorizing the hospital to discharge the baby to the adoption agency representative and to release all child medical information.
2. A photocopy of the identification card of the designated agency representative who received the baby at the time of discharge should be attached to the baby's medical record.

RELEASE OF INFANT'S MEDICAL INFORMATION

Whoever receives physical custody of the child should also receive all medical information concerning the child. Hospital staff is authorized and directed to give the party assuming physical custody of the child complete medical information about the baby so that there can be continuity of medical care, especially in the event of an emergency. Complete medical information will include birth parent prenatal history and delivery-related information, circumstances of the birth, all medical treatment during child's hospital stay, and the discharge summary. Identifying information does not need to be removed upon release of a child to an authorized adoption agency. Adoption agencies may receive this information as they are under obligation to remove such identifying information prior to sharing the information with adoptive parents.

ADOPTION EDUCATION

There will be an annual meeting coordinated and scheduled by the social services department of the hospital to continue hospital staff education on adoption and internal policies.

In conjunction with adoption agency professionals, the hospital will at least annually schedule adoption in-service opportunities for all health care professionals who may come into contact with pregnant women or women who have given birth.