



Understanding Infant Adoption 7 Handout

Adoption Policy and Procedure Assessment Tool for Hospitals

The following policy areas are suggested as important to protecting the interests of expectant parent(s) and parent(s) considering adoption or making an adoption plan. Review the items below to determine whether the recommended policies and procedures are in place at your facility. Indicate for each item whether the policy exists and whether it is sufficient, needs improvement, or does not exist. Recommendations for each policy area are included to provide additional guidance.

- [Pregnancy decision making](#)
- [Labor and childbirth](#)
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Pregnancy Decision Making

1. **Procedures exist to refer a pregnant woman considering adoption as soon as possible to the appropriate hospital staff.**
 - Yes (Sufficient)
 - Yes (Needs Improvement)
 - No

Recommendations:

- Require that a facility representative (e.g., social worker, case manager, or care coordinator) be notified immediately when an expectant parent(s) or parent(s) indicates an interest in pursuing or discussing adoption.
- Determine if and/or how other hospital employees or physicians with hospital privileges should discuss adoption with the patient or participate in adoption arrangements.
- Designate a staff member with current knowledge and training about adoption who can be a point of contact when other staff members are uncertain how to proceed in a situation with a particular parent, family, or support person.
- Have this staff member build relationships with adoption service providers and other social services providers who can advise the facility on policy updates needed to reflect current laws, trends, and best practices in adoption.

2. Protocols are in place to prevent undue or inappropriate influence of expectant parent(s) or parent(s) considering adoption.

- Yes (Sufficient)
- Yes (Needs Improvement)
- No

Recommendation: Prohibit facility personnel and medical staff members from initiating, discussing, or imposing their personal beliefs or perspectives on expectant parent(s) or parent(s), in order to avoid any undue influence or a potential conflict of interest.

3. Directions are provided to prohibit hospital employees and medical staff members from engaging in placing a child for adoption.

- Yes (Sufficient)
- Yes (Needs Improvement)
- No

Recommendations:

- Prohibit facility personnel from making referrals or suggestions regarding possible adoption for their personal benefit or the benefit of family members or friends.
- Be clear that hospital staff are not permitted to mention prospective adoptive parents to patients, show profiles of prospective adoptive parents, or to refer a patient to “someone they know” who wishes to adopt.
- Be clear that sharing any information about a patient outside the immediate medical team may be a HIPAA violation and would likely also violate hospital policy. This may be true whether the patient is an expectant parent/parent and/or a child awaiting adoptive placement.

4. A protocol clearly defines the importance of maintaining the expectant mother/mother and child’s rights to confidentiality.

- Yes (Sufficient)
- Yes (Needs Improvement)
- No

Recommendations:

- Prohibit disclosure of the mother’s adoption plan with other hospital personnel unless it has a direct connection to care.
- Outline that information should not be provided to individuals (such as a spouse or partner, other family member, prospective adoptive parent, or representative of an adoption service provider or another organization) who call or visit the hospital without the express permission of the mother.

5. A policy is in place that outlines the referral process that is to be used when additional support outside of the hospital setting is indicated.

- Yes (Sufficient)
- Yes (Needs Improvement)
- No

Recommendations:

- Include procedures to ensure that referrals are made to licensed and competent professionals, including adoption service providers and pregnancy counseling agencies.
- Develop and maintain a hospital-approved list of pregnancy counseling agencies and licensed adoption service providers which can be provided to the expectant patient/mother. Choices will empower the mother to connect with the provider or agency that she is most comfortable with.

For more information on making referrals, see *Making Successful Referrals Checklist* and *Questions for Healthcare Practitioners to Ask Agencies and Attorneys*, as well as the *State Adoption Guide* for the state in which you practice.

Labor and Childbirth

6. A policy is in place that guides hospital staff in supporting the expectant mother’s labor and childbirth plan. The policy includes the procedures to be followed when changes to the plan are made.

- Yes (Sufficient)
- Yes (Needs Improvement)
- No

Recommendations:

- Delineate staff positions that must be familiar with the plan.
- Ensure the following elements are included:
 - Who will be in the room during labor and childbirth? Will the expectant father be present? Will the prospective adoptive parent(s) be present?

- If not, are there other spaces/rooms for the expectant father and/or prospective adoptive parent(s) at the facility (e.g., another hospital room) where they may wait during labor?
- Does the expectant mother intend to invite the prospective adoptive parent(s) to meet and spend time with the infant after birth?
- Does the expectant mother want to make decisions about routine healthcare procedures (e.g., vaccinations, circumcision)?
- Has the expectant mother discussed the name for the child? She has the right to name her child, if desired and with or without the input of prospective adoptive parents. It is important to provide the birth parents with an original birth certificate with their names and their child's name.
- Does the birth mother want to breastfeed following the birth?

7. A policy is in place that clearly identifies birth parents, prospective adoptive parents, and children so that their adoption plan, confidentiality, and emotional experience is respected.

- Yes (Sufficient)
- Yes (Needs Improvement)
- No

Recommendations:

- Use color-coded armbands to distinguish expectant parent(s)/parent(s) and prospective adoptive parent(s), if desired by the expectant mother.
- After she has given birth, offer the mother a room in another area of the hospital if she desires to remain anonymous, prefers to not be in the same area as other post-partum women or the nursery, or to avoid any mishaps of staff bringing her baby into her room if she does not desire this to occur.
- Create an identifiable icon to post in pre-identified places (e.g., on doors, in charts) for necessary staff to be aware of the patient's adoption plan. The icon should bring value, attention, and awareness to the staff who will be interacting with an expectant or birth mother to allow them to be respectful and mindful of an adoption intention. The development and placement of such an icon should be done carefully and thoughtfully to ensure that patient privacy is protected and should be removed at the mother's request.
- Should the birth mother wish to remain anonymous, such as in a closed adoption, information that could be used to personally identify her is redacted whenever possible, such as from her baby's armband, discharge paperwork, and medical reports. If this is not possible in your hospital setting, have a conversation with the birth mother regarding the options that are available for her.

Contact with the Baby

8. Procedures are in place to follow the mother's wishes regarding contact with the baby during the hospital stay and protect her parental rights and responsibilities.

- Yes (Sufficient)
- Yes (Needs Improvement)

- No

Recommendations:

- A mother making an adoption plan should be permitted to see her baby, hold the baby, feed the baby (either by bottle or breast), name the baby, and room-in if desired.
- Support should be provided to a mother who wishes to supply the infant with expressed breast milk, either before or after the adoption, including the provision of counseling about pumping and resources for how to maintain and manage a supply of breast milk.
- Choose a designated staff member, preferably a social worker, to build relationships with adoption and other social services providers so that there is a network of community support for both birth and prospective adoptive parents.
- Have this designated staff member advise on updating policies as needed to reflect current laws, trends, and best practices in adoption.

Birth Announcements

9. A protocol exists to learn and follow the birth mother's wishes regarding release of birth data to newspapers, new baby websites affiliated with the hospital, or other similar platforms.

- Yes (Sufficient)
- Yes (Needs Improvement)
- No

The Role of Prospective Adoptive Parents

10. Protocols surrounding prospective adoptive parent(s) involvement are clear. The policy assures that the mother is provided with the opportunity to spend as much time as desired with the infant after birth.

- Yes (Sufficient)
- Yes (Needs Improvement)
- No

Recommendations:

- Prospective adoptive parents should attend the baby's delivery only at the expectant mother's request.
- During the postpartum period, visits and participation in the infant's care by the prospective adoptive parent(s) should be in accordance with the birth mother's wishes and be facilitated so that she does not feel inadvertently pressured in her decision-making.

Discharge

11. Discharge guidance is adequate for situations where the infant is being discharged to someone other than the mother. Documentation requirements related to discharge of an infant to anyone other than the mother are sufficient.

- Yes (Sufficient)

- Yes (Needs Improvement)
- No

Recommendations:

- With the birth mother’s written permission, permit discharge of the infant to the birth father, a relative, adoptive parents, or an adoption agency.
- Discharge of an infant to anyone other than the birth mother should be accompanied by a written, signed release authorizing the hospital to discharge the baby to the designated party, and to release the child’s medical information.
- A photocopy of the identification card of the designated party who received the baby at the time of discharge is retained.
- Identify the birth mother’s preferred timing of discharge (when it is medically appropriate to do so). If she is uncertain as to her preference, it is recommended for her to discharge prior to her baby, if the infant is not going home with her.

12. Protocols are in place pertaining to the delivery of complimentary mementos for new parents.

- Yes (Sufficient)
- Yes (Needs Improvement)
- No

Recommendation: Ensure that complimentary mementos (e.g. blankets, footprint cards, bracelets, photos) be given separately to birth parents and prospective adoptive parents, when possible.

13. Policies are in place that support screening of the birth mother for postpartum depression before discharge, since this screening may not be as available as it would typically be during well-child visits for the infant.

- Yes (Sufficient)
- Yes (Needs Improvement)
- No

Recommendations:

- Consider protocols that inform birth mothers about the range of normal grief and other emotional responses, to recognize if they are struggling beyond that threshold, and to know when and where to seek help.
- Before discharge, offer to schedule a first therapy session for the birth mother, rather than just telling her to “reach out if she needs anything.”

Release of Infant’s Medical Information

14. Protocols around the release of the child’s medical information are outlined, including details regarding what specific types of information are to be released.

- Yes (Sufficient)
- Yes (Needs Improvement)
- No

Recommendation: Provide this information to the party assuming physical custody of the child at discharge to ensure continuity of medical care.

Other

15. State-specific legal considerations are incorporated into policies surrounding adoption.

- Yes (Sufficient)
- Yes (Needs Improvement)
- No

Recommendation: Include how and when parental rights are ended, who is legally eligible to adopt, and which legal rights all participants will have post-adoption as well as general state policies regarding adoption.

16. Procedures are in place for receiving infants surrendered via Safe Haven/Safe Surrender.

- Yes (Sufficient)
- Yes (Needs Improvement)
- No

Recommendations:

- Designate staff people or position(s) to refer to when an infant is relinquished under Safe Haven/Surrender to ensure that there is always someone present who knows the legal steps and requirements of this procedure.
- Include the timeframe within which the local child welfare department must be contacted to inform them that an infant has been relinquished.

Adoption Education

17. Expectations regarding training on adoption-related issues for hospital staff are clearly defined.

- Yes (Sufficient)
- Yes (Needs Improvement)
- No

Recommendations:

- Provide training by an adoption service professional for hospital staff who may come into contact with pregnant women or women who have given birth.
- Ensure that training includes being ready to discuss all legal options for pregnancy outcomes in a productive, unbiased, non-judgmental way.

- Ensure that hospital staff are at least somewhat familiar with their state’s policies regarding adoption, to include:
 - Are open adoption agreements legally enforceable in their state or are they courtesy agreements?
 - When is the termination of parental rights document signed?
 - Does the state have an adoption revocation period during which birth parents can change their minds and regain their parental rights?
 - What are birth fathers’ rights as far as notification and relinquishment?
 - What is the status of open birth certificates?
 - Are unlicensed adoption intermediaries allowed?

About the Adoption-Sensitive Clinical Care Project

It is critical that expectant parents who may wish to place a child for adoption have access to appropriately trained staff and comprehensive supports throughout the adoption process. The federally-funded Adoption-Sensitive Clinical Care Project and the Understanding Infant Adoption curriculum are being administered by [National Council For Adoption \(NCFA\)](#), [The Adoption & Foster Care Clinic](#), [Spaulding for Children](#), and [University of Washington School of Social Work](#) for the project period 2024-2026.

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