



ADOPTION BEST PRACTICES

For Hospitals and OBGYNs

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Did you know that doctors and medical professionals are the second most influential people in a woman's decision about her pregnancy? Knowing that you provide an invaluable relationship with your patients should encourage you. There may be circumstances when women in your care are facing choices regarding their pregnancies, including adoption. We know you want to provide the best care for them, but you may wonder how to best help women who are considering making an adoption plan. Knowing the great influence you have in a woman's life, we want you to feel confident and empowered as you help her make decisions.

We are here to help! This toolkit includes best adoption practices for hospitals and OBGYN groups. If you desire, we can provide more customized support and training for you and your team at no cost to you!

UNDERSTANDING
ADOPTION

PRESENTING
ADOPTION
AS AN OPTION

CARING FOR
PATIENTS WHO
ARE MAKING
ADOPTION PLANS

CREATING
A BIRTH PLAN

MAKING AN
ADOPTION
REFERRAL

ADDITIONAL
RESOURCES



UNDERSTANDING ADOPTION

What is Modern Voluntary Adoption?

It is not foster care.

The birth mother or expectant mother is in the driver's seat:



She chooses the adoptive family from approved and equipped families.



She chooses the level of openness and/or contact following the adoption.



She creates her own birth plan, including who cares for the infant in the hospital.



UNDERSTANDING ADOPTION

PRESENTING ADOPTION AS AN OPTION

CARING FOR PATIENTS WHO ARE MAKING ADOPTION PLANS

CREATING A BIRTH PLAN

MAKING AN ADOPTION REFERRAL

ADDITIONAL RESOURCES



What are the differences between foster care and a voluntary adoption plan?

	FOSTER CARE	VOLUNTARY ADOPTION PLAN
Who makes the decisions?	Child Protective Services	Birth Mother
Where does the child go from the hospital?	Children enter foster homes, often multiple ones during their time in care.	In most cases, children go directly with the adoptive family the mom has chosen.
Who chooses the family?	CPS oversees finding an available licensed family for the child.	The birth mother chooses a family based on her desires for her child.
What is the goal?	Foster care seeks reunification with the birth family if she works her case plan. If not, the child moves towards adoption.	Adoption
How much contact occurs after placement?	The birth mother has visits with the child while she works towards reunification. Visits are determined by CPS. If the child is adopted, contact is typically stopped.	The birth mother determines how long, how often, and what kind of contact occurs.
What families are available?	There are limited foster families available for children in foster care.	In voluntary infant adoption, there are waiting <i>families</i> , not waiting <i>children</i> .

UNDERSTANDING ADOPTION

PRESENTING ADOPTION AS AN OPTION

CARING FOR PATIENTS WHO ARE MAKING ADOPTION PLANS

CREATING A BIRTH PLAN

MAKING AN ADOPTION REFERRAL

ADDITIONAL RESOURCES

What are the differences between adoption attorneys and adoption organizations?

ADOPTION ATTORNEYS	AGENCIES / ORGANIZATIONS
<ul style="list-style-type: none">• Attorneys ensure all laws are followed.• Attorneys typically represent the adoptive family.• Attorneys provide separate representation for the birth mother when agencies are not involved.• Pre-adoption education for adoptive and birth families is often unavailable.• Post-adoption support for both parties is limited.	<ul style="list-style-type: none">• Agencies follow all applicable laws.• They typically provide a social worker for both the mom and the adoptive family.• Trained workers provide post-adoption support to all parties.• The birth mom is able to choose from multiple families who meet her desired characteristics.• Workers will connect the birth mom to resources if she chooses to parent.

UNDERSTANDING
ADOPTION

PRESENTING
ADOPTION
AS AN OPTION

CARING FOR
PATIENTS WHO
ARE MAKING
ADOPTION PLANS

CREATING
A BIRTH PLAN

MAKING AN
ADOPTION
REFERRAL

ADDITIONAL
RESOURCES



PRESENTING ADOPTION AS AN OPTION

You may encounter patients who are expressing fear over parenting. Incorporating adoption into the options you present can help her make an informed decision.

Applying General Principles

Choosing the appropriate words, phrases, and questions for our interactions with a woman conflicted about a pregnancy is more art than science. Context, timing, cultural background, life stage, education level, and emotional state all need to be taken into consideration simultaneously.

The past 30 years of experiences with women have revealed general principles and wording choices that are most appropriate, helpful, and caring.

- 1 Get a relatively complete picture of your patient's mental and emotional disposition toward her situation before giving advice or direction: concerns, fears, motivations, goals, barriers to parenting, relational considerations.

UNDERSTANDING ADOPTION

PRESENTING ADOPTION AS AN OPTION

CARING FOR PATIENTS WHO ARE MAKING ADOPTION PLANS

CREATING A BIRTH PLAN

MAKING AN ADOPTION REFERRAL

ADDITIONAL RESOURCES

The following guidelines will help you get a better understanding of your patient's mindset toward her current situation:

INSTEAD OF ASKING THESE QUESTIONS, **CONSIDER ASKING THESE.**

Are you planning on keeping your baby?

How do you feel about this pregnancy?

Do you think you'd be able to parent?

Do you plan to parent?

Was this pregnancy planned?

Do you feel you have enough resources and support for this pregnancy?

Why do you think abortion is your only option?

What options have you considered for this pregnancy?

UNDERSTANDING
ADOPTION

PRESENTING
ADOPTION
AS AN OPTION

CARING FOR
PATIENTS WHO
ARE MAKING
ADOPTION PLANS

CREATING
A BIRTH PLAN

MAKING AN
ADOPTION
REFERRAL

ADDITIONAL
RESOURCES



- 2 Always acknowledge her right to decide the future of her pregnancy, empowering her for parenting or adoption.
- 3 Regardless of her eventual choice, the long-term goal is a continual, supportive relationship.
- 4 Use positive adoption language.



POSITIVE ADOPTION LANGUAGE:
EMPOWERING LANGUAGE VS. SHAMING LANGUAGE



Women who choose adoption are putting much time, heart, and thought into their child’s life-long well-being. They are not “giving up”, but rather they are providing for their child through the choice of adoption.	SAY THIS	INSTEAD OF THIS
	Making an Adoption Plan	Giving Away Your Baby
	Placing Your Child	Putting Up for Adoption
	Choosing to Parent	Keeping the Baby
Parenting is meant to be ongoing, active, and holistic. It is much more than “keeping” or watching a child.		

UNDERSTANDING ADOPTION

PRESENTING ADOPTION AS AN OPTION

CARING FOR PATIENTS WHO ARE MAKING ADOPTION PLANS

CREATING A BIRTH PLAN

MAKING AN ADOPTION REFERRAL

ADDITIONAL RESOURCES

Discussing Adoption as an Option

Adoption is a beautiful, difficult, and complex solution for a woman who has decided she cannot parent.



Timing and wording in the discussion of adoption as an option is critical.



Frame the conversation in terms of what's best for her and her baby in the long term.



A decidedly negative response about adoption (“I couldn’t” or “absolutely not”) should be followed with an acknowledgment of its difficulty AND an offer for more information if ever desired.



“Would you be interested in learning about adoption as an option?” would be one way to introduce the option.



UNDERSTANDING
ADOPTION

PRESENTING
ADOPTION
AS AN OPTION

CARING FOR
PATIENTS WHO
ARE MAKING
ADOPTION PLANS

CREATING
A BIRTH PLAN

MAKING AN
ADOPTION
REFERRAL

ADDITIONAL
RESOURCES

CARING FOR PATIENTS WHO ARE MAKING ADOPTION PLANS



Prenatal

- If your patient is considering adoption but is not already working with an adoption professional, be prepared with vetted referrals. Click below for information on how to vet adoption professionals.

MORE INFO

- Work collaboratively with adoption professionals as you maintain expertise in your professional medical care.
 - *Physicians and medical professionals should never act as adoption brokers, connecting expectant moms to prospective adoptive parents (ACOG Committee Opinion 528)*

UNDERSTANDING
ADOPTION

PRESENTING
ADOPTION
AS AN OPTION

CARING FOR
PATIENTS WHO
ARE MAKING
ADOPTION PLANS

CREATING
A BIRTH PLAN

MAKING AN
ADOPTION
REFERRAL

ADDITIONAL
RESOURCES



- Remember the pregnant woman is the primary patient.
 - *Honor her wishes regarding others' involvement, including the prospective adoptive parents being part of prenatal care, providing prenatal medical information, etc.*
 - *Assess the safety of her and the baby.*
 - *The patient makes all medical decisions for herself and the child until she signs relinquishment paperwork.*
 - *Help her develop a hospital and birthing plan that identifies who will care for the newborn in the hospital, her desire for the child to be bottle-fed or breast-fed, and her desires for the adoptive family's involvement.*

A sample template with additional things to be included can be found [here](#).

TEMPLATE

**UNDERSTANDING
ADOPTION**

**PRESENTING
ADOPTION
AS AN OPTION**

**CARING FOR
PATIENTS WHO
ARE MAKING
ADOPTION PLANS**

**CREATING
A BIRTH PLAN**

**MAKING AN
ADOPTION
REFERRAL**

**ADDITIONAL
RESOURCES**



Inpatient Care

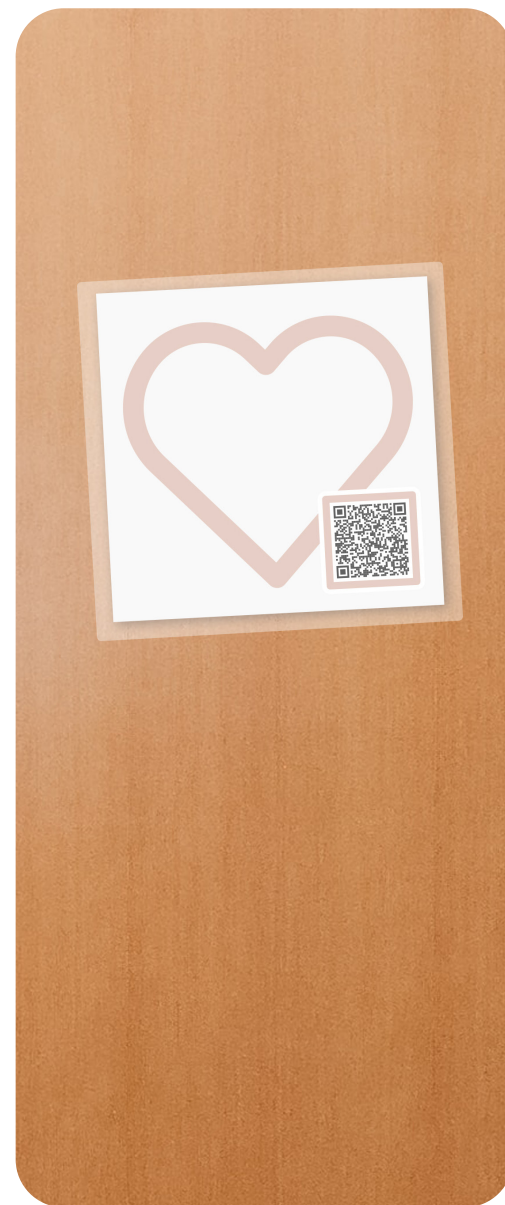
- If your patient is considering adoption, but is not already working with an adoption professional, be prepared with vetted referrals and make relational referrals. [Click here](#) to see how to vet adoption professionals and how to make relational referrals.

MORE INFO

- Follow her hospital and birth plan while allowing for flexibility if she changes her mind.
- Include a symbol on the patient's chart and hospital door to indicate the patient is making an adoption plan and ensure all hospital staff (patient techs, birth certificate clerk, lactation consultants, etc.) know how to care for a woman making an adoption plan. Lifeline can provide these symbols and training.

VIEW SAMPLE DOOR SIGN

ORDER MATERIALS



**UNDERSTANDING
ADOPTION**

**PRESENTING
ADOPTION
AS AN OPTION**

**CARING FOR
PATIENTS WHO
ARE MAKING
ADOPTION PLANS**

**CREATING
A BIRTH PLAN**

**MAKING AN
ADOPTION
REFERRAL**

**ADDITIONAL
RESOURCES**



- Establish an adoption-neutral hospital policy to protect the rights of both the biological mother and infant. Having a plan in place equips hospital staff to provide the best care for those considering adoption. [Click here](#) to view an example of a hospital adoption policy including procedures for protecting privacy, documentation requirements, discharge, and more.

POLICY EXAMPLE

- Remember the birth mother makes all medical decisions for the baby until she signs consents for adoption. This includes newborn interventions and procedures, vaccines, circumcision, and general care.

UNDERSTANDING ADOPTION

PRESENTING ADOPTION AS AN OPTION

CARING FOR PATIENTS WHO ARE MAKING ADOPTION PLANS

CREATING A BIRTH PLAN

MAKING AN ADOPTION REFERRAL

ADDITIONAL RESOURCES



- Only insurance information is needed for the birth mother and child, not the adoptive parents, as the birth mother has custody of the child.
- If adoptive parents are caring for the newborn, provide a separate room for them.
- Consider each hospital procedure and if it is appropriate for the birth mother, the adoptive parents, or both. For example, if you create footprints, make two sets. Provide postpartum care instructions to the birth mother and newborn care instructions to the adoptive parents.
- Provide neutral, yet compassionate care if the mom expresses concerns over her adoption decision.



**UNDERSTANDING
ADOPTION**

**PRESENTING
ADOPTION
AS AN OPTION**

**CARING FOR
PATIENTS WHO
ARE MAKING
ADOPTION PLANS**

**CREATING
A BIRTH PLAN**

**MAKING AN
ADOPTION
REFERRAL**

**ADDITIONAL
RESOURCES**



Discharge

- Ensure you know who is responsible for the child at discharge. This is determined by the consents signed by the birth mother and the type of adoption. In some cases, custody is given to the prospective adoptive parents. In other cases, custody is given to the agency.
- Ensure proper paperwork is signed so the agency or adoptive parents can receive medical records.
- Consider allowing prospective adoptive parents to be present for discharge instructions.

**UNDERSTANDING
ADOPTION**

**PRESENTING
ADOPTION
AS AN OPTION**

**CARING FOR
PATIENTS WHO
ARE MAKING
ADOPTION PLANS**

**CREATING
A BIRTH PLAN**

**MAKING AN
ADOPTION
REFERRAL**

**ADDITIONAL
RESOURCES**



Postpartum

- Consider a two-week follow-up appointment to assess your patient's needs.
- Consider having their follow-up appointment on a gynecology-only half day.
- Consider labeling the chart so all clinic staff are aware of her adoption plan.
- If the patient worked with an adoption agency, work collaboratively with them to ensure they are providing appropriate grief counseling and post-placement support.
- If the patient worked with an attorney or an agency that does not provide post-placement support, work with other community providers for this service.

**UNDERSTANDING
ADOPTION**

**PRESENTING
ADOPTION
AS AN OPTION**

**CARING FOR
PATIENTS WHO
ARE MAKING
ADOPTION PLANS**

**CREATING
A BIRTH PLAN**

**MAKING AN
ADOPTION
REFERRAL**

**ADDITIONAL
RESOURCES**



What if Child Protective Services Is Involved?



If Child Protective Services (CPS) is involved, a mother should still be informed of her options. CPS can be involved for a variety of reasons. There could be substance abuse, a previous open case with CPS, other children already in foster care, an unstable home life, and other safety considerations. Even in these difficult circumstances, it is important for a mother to be empowered to understand her options and make the best decision for her and her child.



If she desires to parent, a mother can partner with CPS to complete a plan to parent her child. The child enters the foster care system or is placed with a close friend or relative of the mother through a process called kinship care. Then, the mother is given a case plan with requirements to work toward regaining custody of her child. If a mother still desires to parent, she may be more invested in cooperating with CPS to complete her case plan.



A mother may also want to consider making an adoption plan. She can do this at the hospital prior to discharge even if CPS is involved. She can meet with an adoption agency and discuss an adoption plan.



Consider providing options counseling to your patient so she understands her options of foster care and voluntary adoption. Lifeline can provide resources and materials for your patients.



If a mother is interested in learning more about voluntary adoption but you still need to contact CPS, you can contact CPS and a vetted adoption professional simultaneously.

UNDERSTANDING
ADOPTION

PRESENTING
ADOPTION
AS AN OPTION

CARING FOR
PATIENTS WHO
ARE MAKING
ADOPTION PLANS

CREATING
A BIRTH PLAN

MAKING AN
ADOPTION
REFERRAL

ADDITIONAL
RESOURCES

The image shows two overlapping copies of the "Adoption Communication Sheet for Hospital" form. The top form is the main document, and the bottom one is a smaller version. The form is titled "lifeline pregnancy counseling" and "Adoption Communication Sheet for Hospital". It contains various sections for the birth mother to fill out, including "Paperwork and Discharge Plans", "Discharge Plans", "Additional Acknowledgement from the birth mother", and "Signature of Expecting Mother". The form is designed to help the birth mother communicate her wishes and preferences to the hospital staff during her stay.

CREATING A BIRTH PLAN

Use this Adoption Communication Sheet to help your patient make a birth plan that will help her think through her time in the hospital. This plan can communicate to you and other hospital staff concerning her desires for her time in the hospital.

ADOPTION
COMMUNICATION SHEET

UNDERSTANDING
ADOPTION

PRESENTING
ADOPTION
AS AN OPTION

CARING FOR
PATIENTS WHO
ARE MAKING
ADOPTION PLANS

CREATING
A BIRTH PLAN

MAKING AN
ADOPTION
REFERRAL

ADDITIONAL
RESOURCES



MAKING ADOPTION REFERRALS

Vetting Adoption Professionals

Use the following questions to help you determine qualified, professional, and caring adoption specialists who are best suited to work with your patients:

Do they provide confidential 24/7 support to your patients to help them make the best plan for themselves and their child?

Can the agency respond immediately and provide regular face-to-face contact?

Do they have experience working with women who are already parenting and/or facing difficult life circumstances including substance use, mental health needs, homelessness, or special needs of the child?

Continued on the next page.

UNDERSTANDING ADOPTION

PRESENTING ADOPTION AS AN OPTION

CARING FOR PATIENTS WHO ARE MAKING ADOPTION PLANS

CREATING A BIRTH PLAN

MAKING AN ADOPTION REFERRAL

ADDITIONAL RESOURCES

Does the agency connect an expectant mother with community resources should she decide to parent?

Is the organization reliant on fees paid for a placement or is their budget not dependent on a mom choosing adoption?

Do they have prospective families approved for an array of special needs of the child?

Do they provide your patient with her own advocate that will be separate from the adoptive family's advocate?

Do they provide support and counseling for expectant mothers after delivery?
For how long?

Do they provide a separate advocate for the expectant father if he is involved and would like his own advocate?

Do they believe adoption is a great option for many women, but do know it is not for every woman?



UNDERSTANDING
ADOPTION

PRESENTING
ADOPTION
AS AN OPTION

CARING FOR
PATIENTS WHO
ARE MAKING
ADOPTION PLANS

CREATING
A BIRTH PLAN

MAKING AN
ADOPTION
REFERRAL

ADDITIONAL
RESOURCES



Making a Relational Referral



Have a list of 2-5 vetted professionals you can provide to the patient. Use the questions above to select professionals that will provide the best care for her and her child.



Ask her if you can contact one of these on her behalf for them to come share about their services and/or the option of adoption.



Allow her to ask questions or interview agencies if she desires, but do not require her to reach out unless she wants to do so.



Provide her with information on how to choose an adoption professional. [Click here for a list of questions you can provide to her.](#)

MORE INFO



**UNDERSTANDING
ADOPTION**

**PRESENTING
ADOPTION
AS AN OPTION**

**CARING FOR
PATIENTS WHO
ARE MAKING
ADOPTION PLANS**

**CREATING
A BIRTH PLAN**

**MAKING AN
ADOPTION
REFERRAL**

**ADDITIONAL
RESOURCES**

ADDITIONAL RESOURCES

PATIENT EDUCATION VIDEOS

ORDER MATERIALS

OPTIONS HANDOUT

CPS INFO

HOSPITAL POSTER

HOSPITAL ADOPTION DOOR SIGN

SCHEDULE A TRAINING

ADOPTION PROFESSIONAL LISTING TEMPLATE

QUESTIONS TO ASK AN ADOPTION PROFESSIONAL

HOSPITAL POLICY EXAMPLE