LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - SHREVEPORT

ADOPTION PROTOCOL

Purpose:

To establish guidelines for hospital personnel to follow when providing referrals of potential adoption cases.

To provide instructions to adoption agencies and attorneys for private adoptions of the standard procedures required to facilitate the adoption process.

Policy:

When a mother expresses a desire to place her baby for adoption, the following procedures are necessary to assure that the adoption is completed in compliance with hospital requirements:

1. Clinical personnel shall contact Social Services if mother announces during routine clinic visit a desire to place infant for adoption.
   a. Social worker will discuss options and provide a list of adoption agencies for her to contact.
   b. If mother has already made contact with an agency or an attorney, she will be instructed on what documents are needed.
   c. Social Services will make a notation in mother’s clinic chart regarding adoption plan.

2. Labor Unit personnel shall contact Social Services if mother arrives in labor requesting to place infant for adoption.
   a. Social Services will visit mother to ascertain if adoption is her true preference.
   b. Mother will be asked if she desires to see infant and/or requests visit by relatives to view infant.
   c. Notation will be made in mother’s chart regarding her requests. It is requested that patient be housed on GYN Floor.

3. Social Services will inform nursery staff of adoption plans.
a. A notation regarding the adoption will be made in infant’s chart.

4. If mother requests “no visitors”, hospital information clerks and nursery staff will be alerted to refrain from giving any information to callers and visitors regarding the mother and the infant.

5. Infant shall be kept out of view of nursery window.

6. **Agency adoption**: if mother desires placement through a particular adoption agency, that agency will be contacted by Social Services and advised of the following:

   a. The agency representative will visit the mother to discuss placement plans and to obtain a consent authorizing the release of the infant to this agency for the purpose of adoption.
   b. The original signed consent is placed in infant’s chart. The Agency will receive a copy of this consent or may obtain a second original consent.
   c. A notation will be made in mother’s and infant’s charts requesting that both discharges be delayed until social worker informs floor nurses and nursery that all paperwork has been completed and is in the infant’s chart.

**Private Adoption**: If mother desires placement through private adoption, that attorney shall be contacted by Social Services and advised of necessary documents required before infant’s release. Attorney will be given a copy of “Guidelines for Attorneys in Private Adoptions.”

   a. Any non-relative perspective adoptive couple must possess either:
      1. a certificate for adoption or
      2. A court order before infant is cleared for adoption release.
   b. Attorney will be given a copy of the hospital’s **Consent for Discharge Form** (see attached). This form must be signed in the presence of a notary following delivery.
   c. Mother’s signed consent releasing infant to attorney shall be placed in infant’s chart.
   d. A notation will be made in infant’s chart to delay discharge for adoption until a social worker informs
nursery and mother’s nurses of the completion of needed paperwork.

e. A copy of the completed Consent for Discharge form shall be presented to the Billing Department by Social Services.

(See attached Guidelines for Attorneys for Private Adoptions.)

7. It is advisable that infant’s release from hospital follow mother’s discharge.

8. Attorney or adoption agency shall be notified of infants discharge time.

9. Social Services will copy medical data to accompany infant.

10. Social Services will send a memo to Medical Records requesting that these admission records be labeled regarding restricted release of information.

11. In case of weekend delivery when mother desires discharge to home without having completed adoption release forms, the following steps must be followed:

a. Nursing personnel will have the Notification of Adoption Intent Form signed by the mother and placed on infant’s chart.

b. Nursery staff shall be contacted of plans for adoption.

c. The OB social worker will provide follow-up.

References: See Nursing Unit Specific Policy Procedure NO.412.

_______________________
Administrator

_______________________
Date

Revised: 5/95, 7/97,11/97, 8/01
Reviewed: 12/99
Approved by Clinical Board: 9/18/01
GUIDELINES FOR ATTORNEYS IN PRIVATE ADOPTIONS

The following procedure is standard for all LSUHSC private adoptions. These guidelines must be followed to assure that the forthcoming adoption flows smoothly.

1. Attorney is contacted by either the mother or the social worker to inform him of the delivery and adoption intent. At this time, the attorney is advised of necessary required documents. These documents are: (1) infant discharge release consent; (2) financial responsibility statement from adopting couple; and (3) for non-relative adopting couples, a certificate for adoption or a court order must be presented.

2. Attorney should visit mother to obtain her signed consent authorizing release of infant to the attorney for the purpose of adoption. This consent must be signed in the presence of a notary public. An original of this consent is to be placed in the infant’s chart in the nursery.*

3. A financial responsibility statement must be signed by the adopting couple claiming their responsibility for the mother’s and infant’s hospital costs. This statement is to be submitted to the hospital billing department by the social worker. (This information could be included in the release statement if couple wishes to remain anonymous.)

4. Attorney is to be notified of planned discharge. Infant is to be discharged to attorney. Nursery staff must place infant in attorney’s arms.

5. Social Worker will copy all medical data on child and give to attorney at the time of discharge. Infant’s birth certificate shall be mailed to the address indicated with information submitted to Office of Vital Statistics. Attorney is to direct all inquires to the social worker.

* See copy of Consent To Discharge of Infant and Release of Liability of LSUHSC-S.
PARISH OF CADDIO

CONSENT TO DISCHARGE OF INFANT
AND RELEASE OF LIABILITY OF LSUHSC-S

BEFORE ME, the undersigned Notary Public, duly commissioned and qualified in and for the Parish of Caddo, State of Louisiana, therein residing, and in the presence of the witnesses hereinafter named and undersigned:

PERSONALLY CAME AND APPEARED: _______________________________

______________________________

who declare that she is over eighteen (18) years of age, and that she is unmarried and that she is domiciled in ________________________________,

and is the mother of a certain child, Baby ________________________________

born at Louisiana State University Health Sciences Center in Shreveport, Louisiana on the _______ day of ______________________, 20 ____________ am/pm.

Appearer further declared that the natural father of this child is not taking responsibility for this child and she is therefore signing this release alone for the purpose of releasing Baby ____________________ to ______________________

(Attorney or Adoption Agency)

after he/she is released from the Louisiana State University Health Sciences Center in Shreveport.

Appearer further declares that she will execute an act of surrender not before five (5) days following the date of the birth of Baby ____________________ which was ______________________ for the purpose of the adoption through said agent,

(Date)

(Attorney or Adoption Agency)
Appearer does hereby release LSUHSC-S, The Board of Supervisors of LSU, the State of Louisiana, its employees, agents, and assignees, from any and all liability of every kind and nature whatsoever which they may incur in connection with the release of the said minor child to the person or agency named herein, and I hereby authorize and direct the personnel of LSUHSC-S to deliver said child to ______________________________ and this document is to be considered for all purposes a full, binding and complete release.

I further acknowledge that I have read this instrument and understand its contents and have signed the same voluntarily and without representation coercion or inducement of any sort.

THUS DONE AND SIGNED in the presence of the undersigned witnesses and me, Notary Public, this _________ day of __________________________, 20 _______.

WITNESSES:

_________________________________            MOTHER OF BABY

_________________________________              

_________________________________

______________________________

NOTARY PUBLIC

NOTIFICATION OF ADOPTION INTENT

I, _________________________________, am hereby requesting to surrender for
adoption my newborn child, born at LSU Health Sciences Center on the ______
day of _______________________, 20 ______. No prior adoption plans have
been arranged. I have been informed of the medical center’s protocol on
adoptions by the social worker.

I fully understand that adoption cannot be complete without my written
authorization. As there is no available adoption agency contact over the
weekend, I am aware that I must complete this process on the next business
day. I am requesting my discharge to home today and will return to LSU Health
Sciences Center on the next business day to sign the authorization consent. I
have been informed that if I fail to contact the Nursery within 48 hours
proceeding discharge, parish Child Protection Agency will be contacted
regarding possible child abandonment.

I further acknowledge that I have read this notification and understand its
contents and have signed that same voluntarily and without any representation
or inducement of any sort with respect to the matters herein set forth.

WITNESSES:

_____________________________   __________________________
MOTHER OF BABY

_____________________________

_____________________________