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. The social worker will discuss options and provide a list of adoption agencies for her to contact.
   b. If the 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 the mother’s clinic chart regarding the adoption plan.

2. Labor Unit personnel shall contact Social Services if the mother arrives in labor requesting to place the infant for adoption.
   a. Social Services will visit the mother.
   b. The mother will be asked if she desires to see the infant and/or requests visit by relatives to view the infant.
   c. A notation will be made in the mother’s chart regarding her requests.

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

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

5. The infant shall be kept out of view of the nursery window.

6. Agency adoption: If the 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 the 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 the mother’s and the infant’s charts requesting that both discharges be delayed until the social worker informs floor nurses and nursery that all paperwork has been completed and is in the infant’s chart.
7. **Private Adoption:** If the mother desires placement through a private adoption agency, that attorney shall be contacted by Social Services and advised of necessary documents required before the infant’s release. The attorney will be given a copy of “**Guidelines for Attorneys in Private Adoptions.**” (See attached)
   a. Any non-relative perspective adoptive couple must possess either:
      1. a certificate for adoption or
      2. A court order before the infant is cleared for adoption release.
   b. The 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. The mother’s signed consent, releasing the infant to the attorney, shall be placed in the infant’s chart.
   d. A notation will be made in the infant’s chart to delay discharge for adoption until a social worker informs the nursery and the 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.

8. It is advisable that the infant’s release from LSU Health Sciences Center follow the mother’s discharge.

9. The attorney or adoption agency shall be notified of the infants discharge time.

10. Social Services will copy all medical data to accompany the infant.

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

12. In case of weekend delivery when the 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 the infant’s chart.
   b. Nursery staff shall be contacted of plans for adoption.
   c. Social Services will provide follow-up.

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

Approved by Clinical Board: 9/18/01, 9/2104, 8/21/07
Revised: 5/95, 7/97, 11/97, 8/01, 8/04, 7/04, 7/07, 4/12
Reviewed: 12/99, 7/04, 7/07, 4/12
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 name and undersigned:

PERSONALLY CAME AND APPEARED: ________________________
___________________________________________________________
(Mother’s name)

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 ___.

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
three (3) 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 authorize the release of the entire medical record of Baby __________ to ______________________________.

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

___________________________
___________________________
___________________________