

Family Support Brief

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Ensuring the Cradle Won't Fall: Opportunities for Research Related to Private Domestic Infant Adoption in the U.S.

Each year, expectant parents in the United States make the difficult decision to relinquish their newborn infants to an adoptive family of their choosing, a process known as private domestic infant adoption. Although this decision has lifelong impacts on the birth parents, infant, and adoptive family, the regulation of the private domestic adoption of infants rests squarely with the states and has little federal oversight. Unfortunately, there is limited data or evidence to inform state policymaking—we lack even basic information about the exact number of private adoptions taking place each year. Consequently, there is wide variation in state laws. Expectant parents and birth parents are offered different counseling services and protections from coercion depending on where they live. This brief presents an overview of what is known about private domestic infant adoption in the United States and identifies priorities for data collection and further research.

What's going on?

There is no reliable count of private infant adoptions in the United States; the federal government stopped collecting this information from states in 1975. However, we know that since the 1960s, there has been a dramatic decline in the number and proportion of infants relinquished for adoption among all live births in the United States.¹ The most precipitous decline in private infant adoptions took place in the 1960s and 1970s. Landmark Supreme Court cases including *Griswold* (1965) and *Roe* (1973) transformed women's access to contraception and reproductive health care during this period. These cases also coincided with the rise of the women's liberation movement, which called

Definitions

In this brief, the terms "birth mother," "birth father," and "birth parent" refer to individuals who have chosen to relinquish their infant. "Expectant mother" and "expectant parent" refer to parents who are examining their options, including adoption, before an infant's birth. ▲

into question the role of women in American society. The decline in private domestic infant adoption has continued into this century: from 2001 to 2012 alone, the overall number of adoptions per 100,000 adults in the United States dropped by nearly 25 percent, and researchers suggest that this decline has held true for private infant adoptions.²

Much of the multidecade decline in private domestic infant adoption can be attributed to the confluence of three factors: (1) changing attitudes toward single motherhood, (2) the availability of effective contraception, and (3) the legalization of abortion.³ Although scholars differ on the degree to which these factors have affected the trends in infant adoption, nearly all agree that a combination of these factors explains most of the observed decline over the past six decades.

/ **Changing attitudes toward single motherhood.**

The decline in private infant adoption has coincided with changes in the structure of the American family and a shift in public opinion on single parenthood and unmarried co-parenting. Although this shift began in the 1960s, it has accelerated in the past two decades.⁴ Women confronted with an unplanned pregnancy arguably have more socially acceptable options today than at any other point in U.S. history. Today, when unintended pregnancies result in live births, around 99 percent of single women choose to parent their child.⁵ Changing attitudes toward unmarried parenting, primarily among white women, can explain most of the decline in adoption relinquishment. Simply put, single parenting or unmarried co-parenting are more socially acceptable today than relinquishing a child for adoption.

/ **The availability of effective contraception.**

Increased access to contraception has also contributed to the observed decline in adoption relinquishment rates by reducing the rate of unintended pregnancies.⁶ Since the mid-1960s, access to contraceptive methods has tremendously reduced the rate of unintended pregnancies,

which reached a multidecade low of 45 percent in 2011 (the lowest rate since at least 1981).⁷ The unintended pregnancy rate in 2011 was particularly low among reproductive-aged teenagers (ages 15–19), and in part, fewer infants have been placed for adoption because there have been 50 percent fewer teen pregnancies since the early-1990s.⁸ These declines can mostly be explained by increased use of effective contraceptives.⁹

/ **The legalization of abortion.** In the 1970s and 1980s, the legalization of abortion reduced the number of unplanned pregnancies that resulted in live births, contributing to a decline in the adoption rate per 1,000 live births during those two decades. However, since the 1990s, both the number of abortions and the number of private infant adoptions have trended downward, reaching historic lows in the 2010s.¹⁰ Today, women's access to abortion is not considered a significant factor in the declines observed in adoption.

Where are the data?

There are no comprehensive data on the demographics or characteristics of expectant parents who consider placing or choose to place their child for adoption.

The lack of data may lead to policy decisions that are not fully informed, which has the potential to both adversely affect private infant adoption and allow anecdotal information to dominate public perception.

Experts say their top priority for data collection is to determine the number of private infant adoptions finalized annually. ▲

Debunking popular misconceptions

Misconception 1: Most birth mothers who relinquish an infant for adoption are teenagers.



Perhaps contrary to popular belief, only about one-fourth of birth mothers—that is, women who relinquish an infant for adoption—are teenagers.¹¹ The small proportion of women who choose adoption are a diverse group, but they tend to share one or more characteristics. The majority of birth mothers are in their 20s and have graduated from high school or attended some college. Many of these women are also single parents and/or have other children. The most common profiles of women who choose to place their infants for adoption include women who face extreme personal difficulties; women who are victims of rape; and women from conservative ethnic, religious, or cultural communities.¹²

Misconception 2: Most parents facing an unexpected pregnancy at least consider adoption.



Experts posit that expectant parents have, at best, only a marginal understanding of adoption as a viable option. When expectant mothers do seek information about adoption, the information is often biased, late, or incomplete.¹³ Professionals who are positioned to provide this information—such as health care providers, social workers, and adoption facilitators—may not have the knowledge, training, or inclination to provide a comprehensive and unbiased overview of pregnancy options. Additionally, expectant parents may not understand the distinction between private adoption and adoption that involves the public child welfare system, which may be viewed unfavorably.

Misconception 3: Expectant mothers choose adoption when they're unprepared or unwilling to parent.



While preparedness for parenting is a factor in the choice to relinquish, the decision making of expectant mothers is grounded in a network of influencing factors. Personal factors that play a significant role include the quality of relationships, cultural norms and influences, economic stressors, psychological factors, and personal goals.¹⁴ In general, women choose adoption most frequently when they lack other real or perceived options.¹⁵ A lack of supportive relationships—or concern about jeopardizing existing relationships with partners, family members, and friends—often factors into the decision to place an infant for adoption.¹⁶ Financial, occupational, and housing insecurity are also highly associated with an expectant mother's decision to relinquish an infant for adoption. In one study, researchers found that four out of five mothers cited financial reasons in their decision to place their child for adoption, making this a more common factor than preparedness for parenting.¹⁷

Misconception 4: Women often choose adoption when they can't get an abortion.



Evidence shows that women do not commonly weigh abortion against adoption when making decisions about their pregnancy. Most women who are denied an abortion go on to parent their child rather than pursue adoption. Likewise, most women who relinquish their child for adoption did not consider or pursue an abortion, but they did consider parenting as an alternative.¹⁸ Overall, women who see abortion as a viable choice will weigh abortion and parenting, and women who are inclined to consider adoption will weigh adoption and parenting.

Misconception 5: Most birth parents don't get to have a relationship with their biological child.



Open adoption arrangements are considered the standard practice in domestic adoptions. Open adoptions allow birth parents to have varying degrees of contact with their child and the adoptive family. Open adoptions reassure birth parents that they will not have to give up a relationship with their child. Research has consistently found that open adoptions are associated with better outcomes for birth parents and more satisfaction with the adoption process.¹⁹

What can be done right now to help birth parents?

The regulation of private domestic infant adoption falls under the purview of state legislatures, and consequently, disparate state policies can negatively impact women who are deciding whether to relinquish an infant for adoption. Although some states, like New York, have robust credentialing systems in place for adoption agencies and extensive regulations that protect the interests of birth parents, other states have few policies in place to safeguard the adoption process.¹¹ As a result, expectant parents may be vulnerable to predatory or otherwise unethical practices in the process of relinquishing an infant for adoption. Although few rigorous impact evaluations have examined efforts to improve outcomes, the body of research on adoption, as well as the experts consulted for this issue brief, suggest that there are a handful of best practices that improve outcomes for expectant parents who are considering adoption and who eventually relinquish their child for adoption.

Options counseling and post-adoption supports

Many expectant parents confronted with an unplanned pregnancy make decisions with minimal guidance from knowledgeable professionals.²¹ To provide support, a variety of organizations, including adoption agencies and reproductive health care providers, offer options counseling, which helps expectant parents explore all their options (adoption, abortion, and parenting) and make an informed decision. However, expectant parents continue to receive limited, biased, and late information. The practices below can improve expectant parents' outcomes and satisfaction with the decision making process.

Options counseling prior to adoption relinquishment can protect the well-being and autonomy of expectant parents. Laws should "require at least two counseling sessions with a qualified professional for all women who are placing children for adoption, during which they are fully informed about their options, including parenting

and various types of adoption, as well as about the resources available to them."²² Mandating and funding comprehensive pre-adoption counseling, including regular check-ins to gauge any changes in circumstances, helps to ensure that birth parents are informed consenters in the adoption process.

The content of options counseling should be unbiased, not steering expectant parents toward a preferred outcome. Professionals who provide options counseling should be open, impartial, and willing to provide all options to expectant parents, setting aside any personal biases. Adoption professionals should work to match the expectant parents' values with all available options, allowing the expectant parents to make fully informed decisions that are aligned with their own values.²³ These basic principles—that options counseling should be unbiased and noncoercive—help to protect expectant parents.

Birth parents benefit from follow-up counseling and access to post-adoption services. In one survey of 223 birth mothers, less than a third reported that they were "considerably satisfied" or "completely satisfied" with the level of postplacement support available to them.²⁴ It is recommended that birth parents have access to further counseling once a child has been relinquished for adoption.²⁵ Adoption professionals should be available to birth mothers after relinquishment in order to support them through what can be an emotionally difficult period.²⁶

Legal protections

Parents who are considering adoption should be provided with independent legal counsel during the adoption relinquishment process. Although some states expressly prohibit dual representation in statutes, most states do not, which creates a conflict of interest that can negatively affect birth parents.²⁷ Birth parents typically are left unrepresented in adoption proceedings when separate representation is not required by the law.²⁸ There are potential risks for birth parents who do not have representation and for those who are dually represented by the prospective adoptive parents' attorneys or whose counsel is paid for by the adoptive parents.²⁹

Enforceable open adoption agreements help women feel more comfortable choosing adoption.


Open adoptions allow birth parents to have varying degrees of contact with the adoptive family and are considered the standard practice in domestic adoptions. However, in many states, adoption agreements are not legally enforceable contracts. Because there are, in many cases, no legal consequences for adoptive parents who break adoption agreements, birth parents can be excluded from their child's life without recourse. When enforceable, open adoptions reassure birth mothers that they will not have to give up a relationship with their child and lead to better outcomes overall. Variation by state in the enforceability of open adoption agreements, however, can lead birth parents to lose contact with their child against their wishes.

Incentive systems should be appropriate for the diverse situations and needs of birth parents, but they should also be monitored for potential abuse.


Many experts support effective incentives, such as scholarship programs or other resources that can help pull birth mothers out of poverty. However, some incentives are questionable in that they have the potential to lead to abuse of the private adoption system for financial gain; they can also lead to the coercion of birth parents who decide against placement. For this reason, approximately 45 states regulate the expenses that an adoptive family can cover and may explicitly prohibit adoptive parents from covering education expenses, permanent housing, or other costs for birth mothers.³⁰

Where do we go from here?


Although a large body of research addresses child welfare—that is, the system that responds to allegations of child abuse and neglect—the research on adoption, particularly private domestic infant adoption, is far more limited. Below, we have identified gaps in the research where more evidence would support decision making.

 **Understanding the number and characteristics of private domestic infant adoptions.** Experts identify determining the number of private infant adoptions finalized annually as their

top data collection priority. An annual snapshot of private infant adoption in the United States would provide a foundation for all other research. Transformations are underway in the United States that will likely influence private infant adoption (for example, laws that limit access to abortions and religious exemption laws that allow adoption agencies to exclude LGBTQ+ parents). A reliable annual count of private infant adoptions will allow policymakers and advocates to better understand the impact of these policies.

 **Expectant parents' decision making and outcomes.** Researchers and advocacy groups have identified research questions that center around expectant parents—their decision making; the emotional, financial, and social impact of their choices; and their experience with adoption agencies.³¹ Information on the pressures and barriers faced by expectant parents, as well as the extent to which adoption plays into decision making, would be beneficial.³² There is further need for research on the short- and long-term emotional effects of adoption on birth parents. Information and guidelines on how to support grief resolution and foster positive outcomes may influence the practices of adoption agencies.

 **Impact of disparate state policies on outcomes for birth parents and children.** Additional research is needed into how disparate state and local policies affect relinquishment rates and outcomes for expectant parents, their children, and adoptive parents. Four key areas merit attention: a) the accreditation of adoption agencies and professionals, b) laws regarding the length of consent and revocation periods before or after birth, c) the rights of birth fathers in the adoption process, and d) regulations regarding independent legal counsel for birth parents.

 **Preventing coercion.** The practices of adoption agencies and strategies to prevent coercion are a critical area of potential research. There has been limited objective research on the extent to which adoption agencies provide expectant parents with complete and accurate information during options counseling. Additional

research is needed on whether varying practices across adoption agencies and states are viewed as coercive by expectant parents. Examples of practices under scrutiny include matching expectant parents with potential adoptive parents before a child is born and allowing potential adoptive parents to be present at the hospital before and after the birth of a child.



Social media and online adoption facilitation.

Social media and adoption websites can help expectant parents who are considering adoption find a suitable adoptive family, but they carry risks if unaffiliated with a qualified adoption agency. Not all online facilitators apply the same rigorous standards used by traditional adoption agencies for evaluating potential adoptive families, and this is almost certainly the case if an expectant parent finds an adoptive family directly through social media channels. Online adoption facilitators may lack accountability or expertise with regard to home-study standards. Moreover, when private adoptions are arranged by online or unlicensed facilitators, birth parents are less likely to receive adequate post-adoption supports. Additional research should examine the growing ubiquity of social media and online adoption facilitation and its effects on birth parents, adoptive children, and families.

Conclusion

The paucity of good evidence on private domestic infant adoption in the United States encourages the spread of misinformation and hinders effective policymaking. However, the existing research suggests that more can be done to ensure that birth parents are supported as they make the difficult decision to relinquish their child for adoption. Researchers have identified several best practices—related to comprehensive options counseling, post-adoption services, and legal protections—that are necessary to safeguard the autonomy and well-being of expectant parents. Moving forward, more work will need to be done to build the evidence base for creating a more just and protective system for private domestic infant adoption in the United States.

Endnotes

- ¹ Miller, B. C., & Coyl, D. D. (2000). Adolescent pregnancy and childbearing in relation to infant adoption in the United States. *Adoption Quarterly*, 4(1), 3–25. Jones, J., & Placek, P. (2017). *Adoption by the numbers: A comprehensive report of U.S. adoption statistics*. National Council for Adoption. <https://indd.adobe.com/view/4ae7a823-4140-4f27-961a-cd9f16a5f362>.
- ² Child Welfare Information Gateway. (2016). *Trends in U.S. adoptions: 2008–2012*. Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. <https://www.childwelfare.gov/pubs/adopted0812/>.
- ³ Ishizawa, H., & Kubo, K. (2013). Factors affecting adoption decisions: Child and parental characteristics. *Journal of Family Issues*, 35(5), 627–653.
- ⁴ Vanorman, A., & Scommegna, P. (2016). Understanding the dynamics of family change in the United States. *Population Bulletin*, 71(1). Population Reference Bureau.
- ⁵ Jones & Placek (2017).
- ⁶ Smith, S., McRoy, R., Freundlich, M., & Kroll, J. (2008). *Finding families for African American children: The role of race & law in adoption from foster care*. Evan B. Donaldson Adoption Institute. Vandivere, S., & Malm, K. (2009). *Adoption USA: A chartbook based on the 2007 National Survey of Adoptive Parents*. U.S. Department of Health and Human Services. Dreweke, J. (2016). New clarity for the U.S. abortion debate: A steep drop in unintended pregnancy is driving recent abortion declines. *Guttmacher Policy Review*, 19(1), 16–21.
- ⁷ Finer, L., & Zolna, M. (2016). Declines in unintended pregnancy in the United States, 2008–2011. *New England Journal of Medicine*, 374(9): 843–852.
- ⁸ Dreweke (2016). Boonstra, H. D. (2014). What is behind the declines in teen pregnancy rates? *Guttmacher Policy Review*, 17(3). Miller & Coyl (2000).
- ⁹ Finer & Zolna (2016).
- ¹⁰ Ishizawa & Kubo (2013). Jatlaoui, T., Eckhaus, L., Mandel, M., Nguyen, A., Oduyebo, T., Petersen, E., & Whitman, M. (2019). *Abortion surveillance—United States, 2016*. *Surveillance Summaries*, 68(11), 1–41.
- ¹¹ Evan B. Donaldson Adoption Institute. (2006). *Safeguarding the rights and well-being of birthparents in the adoption process*. Author.
- ¹² Evan B. Donaldson Adoption Institute (2006).
- ¹³ Jones & Placek (2017).
- ¹⁴ Evan B. Donaldson Adoption Institute (2006).
- ¹⁵ Sisson, G., Ralph, L., Gould, H., & Foster, D. G. (2016). Adoption decision making among women seeking abortion. *Women's Health Issues*, 27(2), 136–144.
- ¹⁶ Madden, E., Ryan, S., Aguiniga, D., & Crawford, M. (2016). *Understanding options counseling experiences in adoption—Phase I: A quantitative analysis of birth parents and professionals*. Donaldson Adoption Institute.
- ¹⁷ Madden et al. (2016).
- ¹⁸ Madden et al. (2016). Sisson et al. (2016).
- ¹⁹ Ge, X., Natsuaki, M. N., Martin, D. M., Leve, L. D., Neiderhiser, J. M., Shaw, D. S., Villareal, G., Scaramella, L., Reid, J. B., & Reiss, D. (2008). Bridging the divide: openness in adoption and postadoption psychosocial adjustment among birth and adoptive parents. *Journal of Family Psychology*, 22(4), 529–540. <https://doi.org/10.1037/a0012817>.
- ²⁰ New York State Office of Children and Family Services. (2020). *Adoption services*. <https://ocfs.ny.gov/adopt/adoptAgencyProcess.asp>. Child Welfare Information Gateway. (2017). *State laws on domestic adoption*. <https://www.childwelfare.gov/topics/systemwide/laws-policies/adoption/domestic/>.
- ²¹ Finer & Zolna (2016). Simmonds, K. E., & Likis, F. E. (2005). Providing options counseling for women with unintended pregnancies. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 34(3), 373–379. Singer, J. (2004). Options counseling: Techniques for caring for women with unintended pregnancies. *Journal of Midwifery & Women's Health*, 49(3), 235–242.
- ²² Evan B. Donaldson Adoption Institute (2006), p. 8.
- ²³ Madden, E., Ryan, S., Aguiniga, D., Verbovaya, O., Crawford, M., & Gobin, C. (2017). *Understanding options counseling experiences in adoption—Phase II: A qualitative analysis of birth parents and professionals*. The Donaldson Adoption Institute.
- ²⁴ Madden et al. (2016).
- ²⁵ Evan B. Donaldson Adoption Institute (2006).
- ²⁶ Johnson, C., & Faasse, K. (2012). Birthparent counseling in policy and practice. *Adoption Advocate*, 45(March). Retrieved January 26, 2020, from <https://faithadopt.org/wp-content/uploads/2012/06/Birthparent-counseling.pdf>.
- ²⁷ Samuels, E. (2006). Legal representation of birth parents and adoptive parents. *Adoption Quarterly*, 9(4), 73–80.
- ²⁸ Samuels (2006).
- ²⁹ Samuels (2006).
- ³⁰ Child Welfare Information Gateway. (2017). *Regulation of private domestic adoption expenses*. Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. <https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/expenses/>.
- ³¹ Evan B. Donaldson Adoption Institute (2006).
- ³² Sisson et al. (2016).