

<b>DEPARTMENT:</b> Ethics and Compliance	<b>POLICY DESCRIPTION:</b> Adoption, Surrogacy and Infant Relinquishment
<b>PAGE</b> 1 of 3	<b>REPLACES POLICY DATED:</b> 3/1/07, 5/1/08, 9/1/12, 9/1/19, 2/1/20
<b>EFFECTIVE DATE:</b> January 1, 2023	<b>REFERENCE NUMBER:</b> EC.022
<b>APPROVED BY:</b> Ethics and Compliance Policy Committee	

**SCOPE:** All Company-affiliated facilities including, but not limited to, hospitals, ambulatory surgery centers, outpatient imaging centers, physician practices, service centers and all Corporate Departments, Groups, Divisions and Markets.

**PURPOSE:** To establish guidelines that protect the interests of all who are involved in the adoption of an infant delivered in a Company-affiliated facility including preventing undue or inappropriate influence of birthparents considering adoption; requiring a facility-specific policy be adopted to address such issues; and providing guidance regarding situations involving the birth of a child delivered by a surrogate or an infant who has been surrendered under a state-specific infant relinquishment statute.

**POLICY:** All Company-affiliated facilities with the capability to deliver babies must adopt a facility-specific policy that:

1. protects the rights of all individuals who are involved in the adoption of an infant delivered in a Company-affiliated facility;
2. prohibits facility personnel and medical staff members from directly engaging in placing children either for adoption or for temporary foster care;
3. prohibits facility personnel and medical staff members from initiating, discussing or imposing their personal beliefs or suggestions to a birth parent(s) in order to avoid any undue influence or a potential conflict of interest;
4. prohibits facility personnel from making referrals or suggestions regarding possible adoption for their personal benefit or the benefit of family members or friends;
5. requires the facility representative (e.g., social worker or case manager) be notified immediately when a birth parent(s) indicates an interest in pursuing or discussing adoption;
6. includes documents to be used to facilitate a birth parent's decision to place an infant for adoption;
7. includes a step to share the facility Adoption, Surrogacy Infant Relinquishment Policy with and notify their Shared Services Center ("SSC") contact of the adoption; and
8. includes provisions regarding situations involving the birth of a child delivered by a surrogate. State law will determine whether surrogacy is legal and, if so, whether the birth of a child delivered by a surrogate requires adoption or involves other requirements that the hospital must follow: and
9. includes provisions regarding infant relinquishment and related process required by state law. These are often referred to as infant safe haven laws (e.g., Baby Moses law, Safe Place law, Safe Arms for Newborns law, Safe Delivery Law or Safe Surrender law).

Before adopting the policy, facilities must work with their operations counsel to ensure their policy is consistent with and includes all requirements of relevant laws and regulations of the state.

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**PROCEDURE:**

At a minimum, a facility's policy must set forth the facility's procedures for protecting the birth parents' rights and requiring appropriate documentation.

1. Protecting Birth Parent Rights

- a. Medical staff and facility colleagues involved in the direct care of birth parents delivering at Company-affiliated facilities must:
  - i. Maintain a birth parent's confidentiality;
  - ii. Provide appropriate information as requested;
  - iii. Offer support of decisions made;
  - iv. Maintain professionalism at all times; and
  - v. Avoid situations resulting in conflicts of interest.
- b. Medical staff or facility colleagues may be perceived by the birth parent(s) as having authority over them during the course of hospitalization. To avoid real or perceived conflicts of interest, medical staff and facility colleagues must not participate in a situation with a patient in which the medical staff member or employee or their friend, relative or acquaintance directly benefits as a result of the medical staff or facility employee having access to confidential patient information.
- c. Medical staff and facility colleagues involved in the direct care of a patient must not share confidential patient information with another medical staff member or employee not directly involved in the patient's care, or with a friend, relative, acquaintance or any third party. Medical staff and facility colleagues involved in the delivery of an infant, or in the care for either the birth mother or infant, must not initiate discussion with the birth parent(s) regarding the potential adoption of that infant, except in response to communications initiated by the birth parent(s) or to continue such discussions with the patient.
- d. Should a medical staff member or facility employee be approached by a birth parent regarding options for placing an infant for adoption, that medical staff member or employee should request designated facility representatives, typically a social worker or case manager, to assist with referral to the appropriate resources. In hospitals where the social work services or case management departments are not involved in adoptions, the medical staff member or employee should follow hospital policy or court orders if such orders detail the process within the hospital stay.
- e. Unless state law provides otherwise (e.g., a child delivered by a surrogate is automatically deemed the child of the "intended" parents), the birth parent(s) maintains all rights to an infant until all required consents and releases have been properly executed and verified by designated facility representatives. Without the required consents, an infant may be released only to the birth parent(s).
- f. All facility adoption policies should also address temporary custody, foster care situations, and surrogate adoptions (i.e., where an adoptive parent(s) has contracted with another woman to give birth to an infant for the adoptive parent(s) to adopt) where such process is required by state law.
- g. Adoption agencies, private attorneys, the patient's physician or nurse midwife often contact facility representatives prior to the admission of a patient planning to place her infant for adoption. When this occurs, the facility representative is to provide known information about the prospective adoption to the nursing personnel. A facility

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representative is to be notified by nursing personnel upon the admission of a patient who indicates she is placing her infant for adoption. The facility representative, with the patient's consent, is to notify the private attorney or adoption agency of the patient's admission. The facility representative must also notify their SSC contact so that appropriate action can be taken within the relevant accounts receivable systems and account follow-up. Nursing personnel are to be advised of the name of the private attorney or adoption agency involved in the adoption.

- h. In addition to adoption and surrogacy, the facility policy should address state law requirements regarding infant relinquishment and the related process required by law.
- i. Patients, medical staff members and facility colleagues requesting information from facility representatives regarding adoption of infants should be referred to licensed adoption agencies, the local Bar Association referral line, and/or the state's Department of Family and Children services.

## 2. Documentation

- a. In most states, adoptions and births by surrogate require a number of properly executed documents. Each facility should consult with operations counsel for the appropriate required documentation in its state.
- b. The facility representative must have available or obtain relevant forms for use in adoption and birth by surrogate situations.
- c. The facility is to follow state law documentation requirements for infant relinquishment (e.g., Baby Moses law, Safe Place law, Safe Arms for Newborn law, Safe Delivery law or Safe Surrender law).

## REFERENCES: