



| Institutional Handbook of Operating Procedures<br>Policy 09.01.15 |                                                                                                |
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| Section: Clinical Policies                                        | Responsible Vice President: Senior Vice President, Chief Medical & Clinical Innovation Officer |
| Subject: Admissions, Transfers, and Discharges                    | Responsible Entity: Nursing Service & Care Management.                                         |

## **I. Title**

*Adoptions from the Nurseries*

## **II. Policy**

UTMB respects the diverse cultural needs, preferences, and expectations of the patients and families it serves to the extent reasonably possible while appropriately managing available resources and without compromising the quality of health care delivered.

UTMB Employees may not directly engage in “child placing activities.” Further, UTMB employees may not solicit babies for adoption or actively initiate the placement of babies for adoption. Any employee engaging in such activities will be subject to disciplinary action up to and including termination.

## **III. Procedure**

### **A. Guidelines**

The Department of Care Management will act as lead liaison between UTMB, the adoption agency/attorney handling the adoption, and the mother placing her newborn child for adoption.

When it becomes known that a mother desires to place her newborn child for adoption, the charge nurse is responsible for ensuring that a consult is entered for the Department of Care Management.

### **B. *Third-Party Release***

The mother of a newborn child may authorize the release of her child from the hospital to a licensed child-placing agency, the Department of Family and Protective Services, or another designated person by completing the *Third-Party Release* form.

Before or at the time an *Affidavit of Voluntary Relinquishment of Parental Rights* is executed, the mother of a newborn child may authorize the release of the child from the hospital or birthing center to a licensed child-placing agency, the Department of Family and Protective Services, or another designated person.

A release under this section must be:

- executed in writing;
- witnessed by two credible adults; and
- verified before a person authorized to take oaths.

A hospital or birthing center shall comply with the terms of a release executed under this section without requiring a court order. If at any time the birth mother disagrees with the proceedings, the *Third-Party Release* will be revoked and appropriate resources will be contacted.

Adopted infants will be released only under the following circumstances:

- To the Birth mother.
- To the managing conservator designated in a court order.
- To a licensed child-placing agency, the Department of Family and Protective Services, or other person designated by the birth mother on *Third-Party Release* form executed in writing before or at the time an *Affidavit of Voluntary Relinquishment of Parental Rights* is executed.

An *Affidavit of Voluntary Relinquishment of Parental Rights* cannot be executed until at least 48 hours after the birth or when the mother is under the influence of medication. This may or may not be signed during the mother's hospitalization. The birth mother must be free of any pain medication or other mind-altering medication for at least four (4) hours prior to signing this form.

UTMB employees may not serve as witnesses. The licensed adoption agency or attorney handling the adoption is responsible for the witnesses and notary public.

Only a *Third-Party Release* form is required for the newborn's release from the Newborn Nursery.

### **C. *Affidavit of Voluntary Relinquishment of Parental Rights***

1. An *Affidavit of Voluntary Relinquishment of Parental Rights* must be:
  - signed after the birth of the child, but not before 48 hours after the birth of the child, by the parent, whether or not a minor, whose parental rights are to be relinquished;
  - witnessed by two credible persons; and
  - verified before a person authorized to take oaths.
2. A signed *Affidavit of Voluntary Relinquishment of Parental Rights* must be presented to a Social Worker/Care Coordinator for review and placement in the newborn child's chart. The Social Worker /Care Coordinator is responsible for reviewing the *Affidavit of Voluntary Relinquishment of Parental Rights* to ensure the requirements set forth in (a) above are met before placing the *Affidavit of Voluntary Relinquishment of Parental Rights* in the newborn child's chart.

Notwithstanding a *Third-Party Release*, the birth mother remains responsible for the newborn child until an *Affidavit of Voluntary Relinquishment of Parental Rights* has been signed, verified by the Social Worker /Care Coordinator, and placed in the newborn child's chart. All necessary

communication will be with the birth mother until an *Affidavit of Voluntary Relinquishment of Parental Rights* has been signed, verified, and placed in the newborn child's chart. Questions regarding right to possession and right to consent can be directed to Legal Affairs.

3. The birth mother is the legal guardian and must be contacted for all permission(s) and authorization(s) to treat the infant medically and/or for informed consent. Respect the birth mother's right to make decisions concerning the infant including visitation, medical/surgical treatments/procedures and feedings. These rights are terminated only by the execution of a valid court order, or when an *Affidavit of Voluntary Relinquishment of Parental Rights* has been executed 48 hours after birth. Adoptive parents have no parental rights during this time. The biological father of an infant born outside of marriage has no decision-making authority regarding the infant, its treatment and/or release for the purposes of adoption until he pursues those rights legally to establish a relationship with the infant.

4. Adoptive parents cannot make decisions about the baby in the first 48 hours after birth. Call the agency or Social Worker if the birth parent does not want to make decisions.

5. Consent for treatment of a newborn child, including an infant in the Neonatal Intensive Care Unit, can be given by the birth mother or the person/agency named in a signed, verified *Affidavit for Voluntary Relinquishment of Parental Rights*.

6. If a birth mother wishes to release information other than directory information regarding her newborn child to any individual, she must sign a written authorization for the release of such information and designate the individual(s) to whom the information may be disclosed. This provision does not apply to a person/agency named in an *Affidavit of Voluntary Relinquishment of Parental Rights* that has been signed, verified, and placed in the newborn child's chart.

7. If a mother has expressed her desire to place her newborn child for adoption but has not made arrangements with a licensed adoption agency, Social Worker/Care Coordinator may give her a list of agencies from which to choose. UTMB, Care Management, nor any UTMB employee may provide recommendations.

8. The Social Worker/Care Coordinator is responsible for:

- a. Confirming with the birth mother her plans for placing her newborn child for adoption.
- b. Placing the original *Third-Party Release* form in the newborn child's chart. Note: If an *Affidavit of Voluntary Relinquishment of Parental Rights* has been completed, a copy should be placed in the newborn's chart as well.
- c. Communicating with nursing and medical staff regarding the status of the discharge plans.
- d. Adding FYI tab to the newborn child's chart for HIM purposes. Nursery staff is responsible for verifying the identity of the individual designated to whose care the newborn child will be released. A copy of the individual's government issued or agency ID should be placed in the newborn child's chart.
- e. Placing all adoptive infants as "**No information**" unless otherwise desired by the mother or the legal guardian by the court; no information shall be released according to the confidential/sealed record policy.

- f. Obtain a photocopy of a government issued ID from the person who will be leaving the hospital with the child (if not the birth parent and place in the infant's medical record. This ID must be present prior in chart prior to discharge

**D. Revocation**

If the birth mother shows any hesitation in signing any paperwork involved with the adoptive placement, all proceedings will be stopped and the Social Worker will consult with the birth mother and communicate with all parties involved. If it appears that the birth mother is ambiguous about her decision, the Social Worker will recommend to her, and the agency/and or any parties involved in a private adoption, that the birth mother will not sign any paperwork. If a birth mother wishes to discontinue the adoption process after the *Affidavit of Voluntary Relinquishment of Parental Rights* has been signed, the charge nurse should notify the Department of Care Management and the Department of Legal Affairs immediately.

**E. Special Considerations for Adoption:**

1. Should the mother indicate at any time during her admission the previously unexpressed desire to place her infant for adoption, the Social Worker/Care Coordinator or designee should be notified immediately.
2. If the birth mother shows any hesitation in signing any paperwork involved with the adoption placement, all proceedings will be stopped and the Social Worker/Care Coordinator or designee will consult with all parties involved. If it appears that the birth mother is ambiguous about her decision, the Social Worker/Care Coordinator or designee will recommend to her and the agency and/or any parties involved in a private adoption, that the birth mother not sign any paperwork.
3. Do not type in the chart "mother is giving up baby for adoption", instead chart "mother has an adoption plan" or "patient has chosen to place infant for adoption".
4. For questions of law related to adoption, please contact the Department of Legal Affairs.

**IV. Relevant Federal and State Statutes**

[Texas Family Code, Section 161](#)

[Texas Family Code, Section 162](#)

**V. Date Approved or Amended**

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| Originated: 12/01/1995 |                        |
| Reviewed with Changes  | Review without Changes |
| 07/02/2024             | 11/28/2017             |
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## **VI. Contact Information**

Nursing Administration – Women and Children  
P 409-772-0286

Care Management  
(P) 409-772-8042  
Monday – Friday 8a-5p

Hospital Operator  
(P) 409.772.1011