

Safe Delivery of Newborns

Purpose

According to Public Act 488 of 2006 and Public Acts 232, 233, 234, and 235 of 2000, parents may surrender their newborn child to any hospital, fire department, police station, or call 911 from any location and remain anonymous. This protocol outlines steps to be taken in this circumstance. ***IMPORTANT* While there is opportunity for information gathering through forms, the surrendering parent has the option of remaining completely anonymous and disclosing no information.**

Definitions

Newborn: A child who a physician reasonably believes to be not more than 72 hours old.

Emergency Service Provider: A uniformed or otherwise identified employee or contractor of a fire department, hospital, or police station when such an individual is inside the premises and on duty. ESP also includes a paramedic or an emergency medical technician (EMT) when either of those individuals is responding to a 9-1-1 emergency call.

Surrender: To leave a newborn with an emergency service provider without expressing an intent to return for the newborn.

Procedures

1. The surrender of the infant must occur inside the fire department, police station or in response to a 9-1-1 emergency call to paramedics or EMT.
2. To protect the parent's right to anonymity/confidentiality, the EMS agency responding to a 9-1-1 emergency call from a parent(s) wanting to surrender a newborn, should not use the vehicle sirens or flashing lights.
3. The firefighter, police officer, paramedic or EMT personnel cannot refuse to accept the infant and must place the infant under temporary protective custody.
4. Fire departments, police stations, paramedics and EMTs have statutory obligations under the law, including:
 - a. Assume that the child is a newborn and take into temporary protective custody.
 - b. Ask surrendering person(s) if they are the biological parent(s). If they are not the biological parent(s) the newborn cannot be surrendered under the Safe Delivery of Newborns law.
 - c. Make a reasonable effort to inform the parent(s) that:
 - i. By surrendering the newborn, the parent(s) is releasing the newborn to a child placement agency to be placed for adoption.
 - ii. He or she has 28 days to petition the Circuit Court, Family Division to regain custody of the newborn.
 - iii. There will be a public notice of this hearing and the notice will not contain the parent(s) name.
 - iv. The parent(s) will not receive personal notice of the hearing.

- v. Information the parent(s) provides will not be made public. A parent(s) may contact the Safe Delivery of Newborns hotline for information. The toll free number is: **866-733-7733**
- 5. Provide the parent(s) with written material from the Department of Health and Human Services that includes:
 - a. Safe Delivery Program FACT Sheet (DHHS Pub 867)
 - b. What Am I Going To Do? (DHHS Pub 864) Optional
- 6. Make a reasonable attempt to:
 - a. Reassure parent(s) that shared information will be kept confidential.
 - b. Encourage parent(s) to identify him/herself.
 - c. Encourage the parent(s) to share any relevant family/medical background, Voluntary Medical Background Form for a Surrendered Newborn (DHHS Form 4819).
 - d. Inform the parent(s) of the newborn he or she can receive counseling or medical attention.
 - e. Inform parent that in order to place the child for adoption the state is required to make a reasonable attempt to identify both parents. Ask for the non-surrendering parent's name. Do not press if the name is refused.
 - f. Inform the parent(s) that he or she can sign a release for the child that could be used at the parental rights termination hearing, Voluntary Release for Adoption of a Surrendered Newborn (DHHS Form 4820).
- 7. Fire and Police will contact emergency medical services (EMS) to transport newborn to hospital. ESP will accompany newborn to the hospital to provide hospital with any forms completed by the parent(s) and to transfer temporary protective custody.
 - a. Note: Temporary protective custody cannot be transferred to EMS. A representative of the fire department or police station must go to the hospital to transfer temporary protective custody to the hospital.
- 8. Paramedics and EMT responding to a 9-1-1 emergency call will transport newborn to hospital, provide any forms completed by parent(s) and transfer temporary protective custody to hospital staff.

* For Safe Delivery purposes EMS is defined as a paramedic or emergency medical technician.

Michigan's
Safe Delivery of Newborns Law
FACT Sheet
SAFE. LEGAL. ANONYMOUS.

Background:


Michigan lawmakers passed the Safe Delivery of Newborns Law to end the tragedy of unwanted newborns being hidden and left to die in unsafe places. More than 100 newborns were surrendered in the first 10 years the law was in effect, with the majority of these infants adopted by loving families.

What the law provides?

- Unharmed newborns, up to 72 hours old, can be taken to an Emergency Service Provider (ESP), meaning a uniformed or otherwise identified employee or contractor of a fire department, hospital or police station who is inside the building and on duty. ESP includes a paramedic or EMT when either responds to a 9-1-1 call. The parent(s) has the choice to leave the infant without giving any identifying information to the ESP.
- The ESP is authorized to accept the infant and provide whatever care may be necessary.
- The ESP will make a reasonable effort to provide the parent(s) with the following information:
 1. A written statement of the parent's rights following surrender of the infant.
 2. Information about other confidential infant placement options, as well as information about the availability of confidential medical and counseling services, such as Public Health, Community Mental Health, Family Planning Clinics, Adoptions Agencies.

What are the rights of the surrendering parent?

- To be informed that by surrendering the newborn, the parent is releasing the newborn to a child placing agency to be placed for adoption.
- To petition the court to regain custody of the newborn within 28 days of surrender or notice of surrender.
- Any information the parent(s) provides the ESP will not be made public.
- A criminal investigation shall not be initiated solely on the basis of a newborn being surrendered to an ESP.
- To file a consent to release identifying information with the Adoption Central Registry.





**Michigan
SYSTEM**
SAFE DELIVERY OF NEWBORNS

Initial Date: 06/13/2017
Revised Date: 10/25/2017

Section 8.30

CONFIDENTIAL
VOLUNTARY MEDICAL BACKGROUND FORM FOR A SURRENDERED NEWBORN
Michigan Department of Human Services

Preference for Child's Name	Date of Birth
Where was the child born?	Sex

SURRENDERING PARENT BACKGROUND (Optional)

Name		Marital Status <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D		Date of Birth	Phone Number
Address					
Race		Affiliated with American Indian Tribe <input type="checkbox"/> YES <input type="checkbox"/> NO		Identify Tribe	
Height	Weight	Hair Color		Eye Color	
Any Family History of:		Yes	No	Yes	No
Sickle Cell Disease	<input type="checkbox"/>	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Genetic Disease	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Family History of Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	Drug Usage	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Usage	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____				
Surgical History					

OTHER PARENT BACKGROUND (Optional)

Name		Marital Status <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D		Date of Birth	Phone Number
Address					
Race		Affiliated with American Indian Tribe <input type="checkbox"/> YES <input type="checkbox"/> NO		Identify Tribe	
Height	Weight	Hair Color		Eye Color	
Any Family History of:		Yes	No	Yes	No
Sickle Cell Disease	<input type="checkbox"/>	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Genetic Disease	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Family History of Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	Drug Usage	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Usage	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____				
Surgical History					

INFORMATION ABOUT THE PREGNANCY

Length of Pregnancy	Weight Gain Lbs.	Drug or Alcohol Use During Pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes, Explain
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EMERGENCY SERVICE PROVIDER OBSERVATIONS

Comments			
ESP Signature		Date	Phone Number
Address:		City	State Zip Code



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VOLUNTARY RELEASE FOR ADOPTION OF A SURRENDERED NEWBORN BY PARENT Michigan Department of Human Services

In the matter of _____, a newborn child.

1. I, _____, DOB ____/____/____ am the [] mother [] father of the above child, who was born on ____/____/____ at _____ (place)

2. I understand that I have parental rights to this child and that by signing this release, I voluntarily release all of my parental rights to my child. (Subject to number three below.)

3. I understand that I have 28 days after surrendering my newborn child to petition the court to reclaim custody of my child.

4. I understand that I will not receive notice of any hearings.

5. Understanding the above provisions, I release completely and permanently my parental rights to my child, and release my child to a child placing agency for the purpose of adoption.

6. I acknowledge receipt of the following: _____ Fact Sheet (Pub 867)

Date ____/____/____ Parent Signature _____

Address _____

City _____ State ____ Zip _____

Witnessed by _____ Name (type or print)

on _____, at _____ Date Agency and Address

Signature _____

IF A NOTARY IS AVAILABLE: Notary Public

Subscribed and sworn to before me on _____ Date County and State

My commission expires: _____ Date Signature: _____

Name (type or print) _____

Table with 2 columns: Authority/Response/Penalty and Department of Human Services (DHS) non-discrimination statement.