Nurses' Attitudes and Knowledge of Their Roles in Newborn Abandonment

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Abstract

The practice of abandoning newborns shortly after birth has always existed. Occurring in primitive and contemporary societies, the motivations for newborn abandonment are varied and dependent upon the social norms of a specific geographic region at a given point in time. Because the desire to abandon an infant has had no support system in American society, such unwanted infants have been abandoned in a manner leading to their deaths. In response, many states have passed safe-haven legislation to save the lives of unwanted newborns. The laws typically specify a mother's ability to "abandon" her child to a medical service provider. However, judgmental attitudes and a lack of accurate information may impede a health care provider's ability to carry out a safe-haven law. The study described here examines a sample of nurses in a state with a safe-haven law. The study revealed no significant correlation between a nurse's knowledge, attitude, and self-perception of preparedness to manage a newborn abandonment event. However, the outcomes highlight the negative attitudes and lack of knowledge many nurses possess regarding newborn abandonment and the women who commit this act. Educational programs for all health care providers and the community are essential to the efficacy of the legislation that currently exists. Continued multidisciplinary strategizing and general awareness are needed to serve as catalysts to build supports for unwanted newborns and their safe assimilation into the community.

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The media increasingly reports incidents of public abandonment of newborns, sometimes resulting in neonatal deaths. While these practices have always occurred, a

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renewed interest has come to the forefront in determining the reason why newborn abandonment continues to exist in modern American society. This renewed interest has led to changes in social and health care policy, attitudinal changes of the general public, and legislation to address the issue. Many of these policies, laws, and community sentiments affect nursing practice. Before preventive measures can be implemented, health care professionals need a better understanding of the reasons for which women choose to publicly abandon their newborns instead of selecting adoption or abortion. Until then, all providers must be able to manage a newborn abandonment situation whenever or wherever it occurs. A negative attitude about the women who commit this act and a lack of knowledge regarding the state's existing "safe-haven" laws may impede the health care professional's ability to provide sensitive and effective care within the context of the law. The term used in a planned adoption is "relinquished" an infant. Legally, abandoned infants are those dropped off by an anonymous person who is not obligated to provide information but, at least, has chosen a place of abandonment where the infant will be safe.

Many health care professionals are unaware of or disinterested in the changes that these safe-haven laws may bring. Although some women may utilize legally sanctioned safe-haven locations such as fire stations to legally abandon their newborns, it is anticipated that most such women will leave their newborn infants in the care of a provider at a health care facility. Any care provider employed by any facility or working on any unit may be approached by a distraught woman in the parking lot, hallway, entryway, cafeteria, or any other public place in a hospital setting. If this woman hands her newborn infant to any health care provider and expresses the desire to legally abandon the infant, the health care provider is responsible for managing the situation regardless of the clinical specialty, including childbirth education. Although statistics regarding the practice of

newborn abandonment in the United States are nearly impossible to obtain, the U.S. Department of Health and Human Services estimates that more than 100 cases of public newborn abandonment occur each year with approximately one-third of those infants found dead (ABC News, 2000; Sussman, 2000).

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A descriptive study was designed to examine the attitudes and knowledge of nurses in Texas, the first state to formally adopt a safe-haven law. Self-perception of the nurses' abilities to manage a newborn abandonment event was also measured. The purpose of this article is to quantify and report the current level of knowledge, prevailing attitudes, and self-perception of preparedness of these nurses charged with carrying out the state law when a newborn is legally abandoned. Suggestions for the education of all health care providers, increasing public awareness, and the need for further changes in institutional and public policy changes are also presented.

Background Information

Texas and Other State Laws

Texas was the first state to enact a safe-haven law to address the issue of newborn abandonment. On September 1, 1999, the Texas law went into effect to provide a distressed mother with a responsible alternative to baby abandonment. This law is credited with starting a national movement to address this issue and permits a woman voluntarily and anonymously to relinquish the custody of her infant to an emergency medical service provider. The Texas legislation was written in response to a rash of local abandonments. During the first 10 months of 1999, 13 newborns were abandoned in the Houston area, three of which were found dead. A similar situation occurred in the Dallas area in 1997 when 11 babies were abandoned.

According to one newspaper account, 35 additional

In 1999, Texas was the first state to enact a safe-haven law to address the issue of newborn abandonment. Now, 35 additional states have enacted similar legislation.

states have enacted similar legislation since the fall of 1999 (Bernstein, 2001). While each state law is different, all safe-haven laws contain several key tenets. These include maintaining anonymity of the birth mother, offering freedom from prosecution or an affirmative defense, requiring the infant be unharmed and dropped off within a stated time period, and providing a description of the location to be considered a safe haven in that state (Chagnon, 2001). Peter (2002) notes differences in state laws or states without laws complicate the issue when parents cross state lines to abandon a newborn in a neighboring state.

However, a major problem has been noted with the passage of the new safe-haven laws—*no one knows about them*. According to another newspaper account, few funds have been earmarked thus far to inform women at risk of abandoning a newborn or to educate health care professionals about their roles in this situation (Borucki, 2001). In 2001, the press reported that, in Indiana, an unmarried woman without health insurance gave birth, alone, on the floor of her trailer home. Fearing the high cost of health care, she did not go to a hospital. Her boyfriend, however, did make a call to the local emergency room inquiring about placing the baby for adoption. The nurse he spoke with was not aware of the safe-haven law in that state or of her role in carrying out that law. The misinformation the nurse gave to the distraught parents led the woman to leave the infant in a public place. The woman was later arrested and faced three and a half years in prison (Bernstein, 2001).

Relevant Literature

A review of the literature revealed a dearth of formal studies addressing newborn abandonment and the health care provider's role in preventing or managing a situation in which a woman may be contemplating such an act. Furthermore, little literature exists in any discipline to

aid in the identification of women at risk for this behavior. The literature that is available on this topic can be found by searching the databases in nursing sociology, psychology, psychiatry, and law. Media accounts also provide anecdotal information about state laws and specific incidents of abandonment.

Newborn abandonment and neonaticide are generally viewed as horrific crimes in Western society, seemingly unthinkable and contradictory to human goodness and caring. The practice of abandoning newborns shortly after birth has always existed (Langer, 1974; Moseley, 1986). Even though specific statistics are not available, demographic studies provide a relatively reliable mechanism to identify civilizations where neonaticide most likely occurred (Meyer & Oberman, 2001). In a typical population, 105 male infants are born for every 100 female infants. Male infants have a higher death rate due to illness and anomalies during the first year of life, thereby producing a fairly universal and stable 1:1 ratio of boys to girls in a population by the age of 1 year old. When a community reveals a sex ratio that diverges significantly from that norm, a pattern of neonaticide or infanticide is suspected (Kristof, 1991).

Occurring in primitive and contemporary societies, the motivations for newborn abandonment are varied (Meyer & Oberman, 2001; Rascovsky & Rogers, 1995). Economic factors are often cited as a contributing factor to this phenomenon and include poverty, population control, class structure, greed, profit, and exploitation of labor (Bloch, 1988). Political climate and ideologies or philosophies of racial and ethnic superiority also play a role in a woman's decision-making process when she is faced with an unwanted pregnancy and has limited options available in managing the situation (Green, 1999; Rosner & Markowitz, 1997). Psychological disorders and mental instability also account for a portion of the incidents in which newborns are left in public places, disposed of in dumpsters and toilets, or occasionally mutilated or murdered (Bonnet, 1993; Long, 1993; Oberman, 1996). Religious beliefs, both in ancient times and in modern day society, provide a moral basis for human action and shape the paradigm of what is acceptable behavior in a given society at a particular point in time (Rascovsky & Rogers, 1995). Some religions have practiced human sacrifice of infants, while others have forbidden abortion and murder.

Because of the diversity of precipitating situations, it

is difficult to predict where and when an abandonment will occur. Very little research has focused on constructing a profile of women at risk. One study summarized the primary risk factors for contemporary newborn abandonment and homicide as maternal in origin and related to age, education, postpartum psychosis, ambivalence towards the pregnancy, and emotional health (Overpeck, Brenner, Trumble, Trifiletti, & Berendes, 1998). This view is contradicted by psychologists who have found the phenomenon cuts across all social, racial, and economic levels (Hurst, 2000; Mendlowica, Rapaport, Mecler, Golshan, & Moraes, 1998). West (1999) suggested that demographic conclusions are accompanied by blame and do not address the familial and societal issues involving both men and women that may contribute to contemporary practices of newborn abandonment and neonaticide in the United States.

French psychologist Catherine Bonnet (1993) interviewed 22 female subjects between 1987 and 1989 using a psychoanalytic methodology in an attempt to understand why women chose to take advantage of French law permitting anonymous, cost-free delivery and immediate placement of the infant for adoption. The law provided these women with an alternative to newborn abandonment and was used by them instead of a planned adoption. The interviews revealed that the motives behind this choice stemmed from denial of the pregnancy and fantasies of violence toward the fetus often resulting from psychological and sexual traumas experienced by the subjects during childhood. Therefore, these women seldom sought prenatal care and did not enter the health care system prior to the birth of the infant that was subsequently abandoned.

In China—a different situation from France—the increase in infant abandonment and infanticide during the 1980s coincided directly with regulation and enforcement of birth planning by the Chinese government (Kristof, 1991). Johnson, Huang, and Wang (1998) surveyed 629 families and found that the biological father in his late 20s to late 30s, of average education and income, most often made the decision to abandon the newborn or young infant. Birth mothers frequently expressed emotional pain and remorse for the act, but had no recourse or other options in the patriarchal society in which they lived.

The first modern legislation addressing the issue of newborn abandonment resulting in the death of the new-

born was the British Infanticide Act of 1922 (Meyer & Oberman, 2001). The premise of this act is the belief that a woman who commits this crime may do so because of the imbalance of her mind having not fully recovered from the effect of giving birth (d'Orban, 1979). More than 20 different nations have adopted similar statutes limiting the defendant's culpability for the crime of neonaticide by setting the maximum crime with which she can be charged as manslaughter, not murder (Oberman, 1996). The United States has not instituted such a statute.

Conceptual Framework

This study applies a framework, drawn from the sociology of deviance, to account for the role that attitudes and level of knowledge play in the interventions health care providers might employ when faced with managing a newborn abandonment situation. This framework conceptualizes the current conflict in public opinion regarding newborn abandonment. The shift from viewing the woman who abandons her infant as a criminal to viewing her as a victim of circumstance where she is unable to make rational decisions is reflected in recent legal opinions and legislative actions. Thus, the view of this action as deviant behavior is shifting. A society's ascription of deviance to an act such as newborn abandonment is not simply a matter of designation (McHugh, 1970). A use of the term *deviance* generally involves a charge that public morality is being violated. However, because no act is self-evidently deviant, the possibility always exists that the label is defensible and can be refuted. Whether or not society views an act as deviant depends upon assessments of both the conventionality and the theoreticity of the rule-breaking event under consideration (McHugh, 1970). McHugh defines conventionality as behavior that "might not have been" (p. 165) given other circumstances. Theoretic behavior is intentional behavior, and theoretic actors are persons who are deemed to know what they are doing.

Thus, the moral mother is not simply one who follows the rules; rather, she is one who *knowingly* follows the rules. Conversely, the deviant mother is not simply one who breaks the rules; rather, her deviance rests upon a judgement that she has *knowingly* broken the rules (McHugh, 1970). If health care providers view the act of newborn abandonment as deviant, they may have difficulty carrying out their professional responsibilities

in implementing the safe-haven laws in their state. Thus, successfully educating health care professionals about their role in providing a safe haven may depend upon their view of this act as deviant or potentially understandable.

Methods

Objectives

The major purposes of this study were twofold. First, we wanted to gather descriptive data to measure the prevalence of judgmental attitudes, lack of knowledge, and self-perception of preparedness in a newborn abandonment situation among a sample of registered nurses employed in a variety of clinical practice settings. Secondly, we wanted to examine the relationship between knowledge, attitudes, and the self-perception of preparedness of nurses regarding their abilities to manage a newborn abandonment situation.

Rationale for the Study

The Texas law that was signed in June of 1999 and placed into effect in September of 1999 implicates nurses as key players in carrying out the mandate. While the law states a woman can hand over her newly born infant to any health care provider at a hospital or a fire station, at the time of this study, most health care providers, including nurses, received little or no information or preparation to carry out their responsibilities in this situation. This may be particularly troublesome for those nurses whose clinical expertise is something other than maternal-newborn or emergency-room care, because they likely have little experience in the assessment or stabilization of newborn infants. Furthermore, most facilities do not have a written policy guiding health care providers, including nurses, through this relatively rare but chaotic event. Legislative initiatives, such as the Baby Moses Project sponsored by Texas State Representative Geanie Morrison (R-District 30), focused on dissemination of information and education of women who may want to take advantage of the safe-haven law, but no formal, widespread program is in place to educate health care professionals.

Judgmental attitudes, lack of information, or misinformation about newborn abandonment may impede health care providers' ability to carry out their roles

within the scope of the law. These same factors may be communicated to women who may be considering newborn abandonment, which may account—at least in part—for the lack of testing and use of the existing law. In the first two years since the Texas law went into effect, nearly 100 newborns were publicly abandoned. Only five of these women used the safe-haven legislation to legally drop off their babies (Grossman, 2002). Because any health care provider in any type of health care setting may be called upon to accept an abandoned newborn, all are held professionally accountable for appropriate action should this situation arise. Therefore, it is essential to assess health care providers' attitudes, level of knowledge, formal education, and self-perception of preparation abilities to care for women faced with this decision. This study selected nurses as subjects to survey because they are deemed most likely to be the recipient of an abandoned baby in a health care facility. Furthermore, by virtue of their licensure, they are a group of subjects who can readily be identified.

Design and Setting

This descriptive study surveyed randomly selected research participants using the Newborn Abandonment Care Survey to measure registered nurses' knowledge, attitude, and self-perception of preparedness to manage a newborn abandonment situation. Because each state has enacted different legislation addressing the issue of abandonment, this study was limited to the state of Texas.

Sample

Registered nurses who were listed as actively practicing nursing in the state of Texas ($n = 118,997$) represented the target population. A database of 9,500 nurses representing all areas of nursing practice was purchased from the Texas Board of Nurse Examiners. The database is representative of the accessible population. From the database, a random sample of 2,000 nurses was selected.

The sample size was based on Nunnally's (1978) and Tabachnick and Fidell's (1989) recommendation that at least five participants are needed per survey item to employ parametric statistical techniques. The Newborn Abandonment Care Survey has 48 items making it necessary to have a minimum of 240 study participants to determine statistical significance.

Because survey research typically has a poor response rate, McCall's (1982) formula ($Na = n/Pr$) for adjustment of sample size was used to compensate for nonresponse and to proportionately increase the sample size for initial mailing. An adjusted sample size for the expected rate of response (Na) was calculated by using the preliminary estimates of the sample size ($n = 240$) and the expected rate of response expressed as a proportion ($Pr = .30$). This calculation yields an adjusted minimum sample size of 800 ($240/.30$). Oversampling was also done as an attempt to achieve a normal distribution of study participants. Of the 2,000 surveys that were distributed, 605 were returned, yielding a response rate of 30.25%. Thus, a limitation of the study is a small sample size, given the rate of return.

Protection of Human Subjects

Approval from the Texas Woman's University Institutional Review Board was granted prior to initiation of the study. Participation was voluntary and anonymity was protected. Return of the completed survey implied informed consent to act as a participant. Participation required approximately 10 minutes to complete the Newborn Abandonment Care Survey. In the cover letter accompanying the survey, participants were thanked for volunteering to take part in the study. No incentive was offered to prospective participants.

Instrument

The Newborn Abandonment Care Survey constructed by the researcher was used to measure sets of variables conceptualized as knowledge (27 items), attitude (16 items), and preparedness (5 items). The 48-item instrument consisted of 30 Likert-type statements with *strongly agree* equal to 4 and *strongly disagree* equal to 1. Six yes/no questions and 12 true/false questions were also included on the survey instrument. Study participants completed a demographic form and had the opportunity to address two questions in a narrative format.

Content validity was established by consulting with an expert panel of five maternal-newborn nurses residing in Texas, Oklahoma, and Louisiana. Items were examined for accuracy, readability, and measurability. Construct validity was established by analyzing all items with principal component factor analysis and varimax rotation. The resulting instrument was pilot tested with

32 registered nurses in southeastern Texas. The reliability of each subscale was established using Cronbach's Alpha. The reliability of the 27-item knowledge subscale was determined to be $r = .89$, the 16-item attitude subscale $r = .70$, and the 5-item preparation subscale $r = .76$.

Results

Descriptive Analysis

The mean age of study participants was 45 years with a range of 24 to 76 years. The majority of nurses surveyed were female (94%), married (74%), and of a Christian religion (97.5%). Ethnic diversity reflected the population of the state and consisted of 75.5 European American whites and 8 identified minority groups (see Table 1).

Nursing experience ranged from 1 to 55 years, with a mean of 20.4 years. The educational background of study participants was also diverse and ranged from associate degree to doctoral level education (Table 2). A hospital or clinic was cited by 455 (75.3%) of study participants as being their primary practice setting.

Self-reported area of clinical expertise indicated that 248 (41%) were employed in adult medical-surgical

Table 1 Ethnicity of Study Participants

Ethnic Group	<i>n</i>	%
European American/White	457	75.5%
African American/Black	51	8.4%
Hispanic/Latino	44	7.3%
Asian	21	3.5%
Middle Eastern	12	2.0%
Native American/American Indian	7	1.2%
Other/Mixed Race	6	1.0%
Pacific Islander	4	0.7%
Eastern Indian	3	0.5%

Table 2 Educational Background of Study Participants

Educational Level	<i>n</i>	%
Associate Degree	156	25.8%
Diploma	62	10.2%
Bachelor's Degree	169	27.9%
Master's Degree	115	19.0%
Advanced Practice	75	12.4%
Doctorate	23	3.8%

areas, 105 (17.4%) in maternal-newborn, 100 (16.5%) in emergency room or other critical care area, 49 (8.1%) in community health, 28 (4.6%) in pediatrics, 20 (3.3%) in psychiatric or mental health, and 55 (9.1%) listed in "other." The other category referred to settings such as correctional facilities, schools, and management settings. A test of χ^2 revealed no significant difference between the study sample and the population of active, registered nurses as reported by the Texas Board of Nurse Examiners in regard to age, gender, educational background, and ethnicity indicating that the sample adequately represented Texas nurses.

Scores on knowledge, judgmental attitudes, and self-perception of preparedness were also quantified. Prevalence is reported using a 95% confidence interval (CI) and can be seen in Table 3 and illustrated in Figures 1–3.

Correlational Analysis

The Pearson Product Moment Correlation Coefficient (r) was used to determine if a relationship exists between study variables. Correlations ranged from $r = -.03$ to $r = .067$. At a 0.05 level of significance with a one-tailed test, no significant correlation was found between study variables, as evidenced in Table 4.

Table 3 Prevalence of Attitude, Knowledge, and Preparedness

Scale	Potential Range	Actual Range	Mean	SD	95% CI
Attitude	0–4	1.38–3.69	2.82	0.39	2.79–2.85
Knowledge	0–27	5–18	10.80	9.19	10.56–11.04
Preparedness	0–5	0–3	0.67	0.65	0.62–0.72

Figure 1 Prevalence of Lack of Knowledge

Figure 2 Prevalence of Judgmental Attitudes

Figure 3 Prevalence of Self-Perception Preparation of Registered Nurses

Table 4 Correlational Analysis of Study Variables

	Attitude	Knowledge	Preparedness
Attitude	$r = 1.00$	$r = .049$ sig .113	$r = -.034$ sig .200
Knowledge		$r = 1.00$	$r = .067$ sig .050
Preparedness			$r = 1.00$

Correlation is significant at the 0.05 level (1-tailed).

Discussion

The study did not reveal a relationship between positive-ness or negative-ness of attitudes nor measurable knowledge about newborn abandonment legislation and the nurse's self-perception of her ability to manage such an event. The descriptive portion of this study, however, provides a wealth of information.

The knowledge scores of nurses were particularly low.

The 27 items on this subscale represented facts taken directly from the Texas law as it is written. Only 429 of the 605 respondents (71%) answered all items on the scale. It is speculated that the 176 respondents who failed to complete these items did so because they lacked knowledge of the law. Of those respondents completing the knowledge subscale, only three correctly answered as many as 18 out of 27 items—giving the remainder, 66%, a failing test grade. The mean score on this test of knowledge was 10.8 (40% of the items correct). Nurses will have extreme difficulty carrying out a law for which they are completely unfamiliar.

Subjects in the study also expressed their lack of knowledge about this issue through their narrative responses to the question, "Would you like to learn more about newborn abandonment?" Comments were received from 240 (39.7%) of the participants. They generally conveyed two sentiments: 1) would like more information on this important topic because it is the responsibility of a professional nurse to have this information or 2) do not work in an emergency room or a maternity unit and do not need this information. As stated earlier, the problem with the second response, however, is that any care provider employed by any facility or working on any unit may be approached by a distraught woman in the parking lot, hallway, entryway, cafeteria, or any other public place in a hospital setting. If this woman hands her newborn infant to any health care provider and expresses the desire to legally abandon the infant, the health care provider is responsible for managing the situation regardless of the clinical specialty, including childbirth education.

Because judgmental attitudes may impact the nurse's ability to act objectively and empathetically to a woman deciding on legal abandonment of an unwanted newborn, attitude was also examined. Possible scores on each item of this subscale ranged from 0–4, with the lowest scores reflecting negative attitudes toward women who would consider abandoning their newborn infants. Nurses in this study had mean scores across all 16 items

ranging from 1.38 to 3.69. All 605 study participants responded to all items of this subscale, indicating they had some feeling about each of the items. The Likert-type items on this subscale included the following statements:

- "All women who abandon their newborns should be imprisoned."
- "These women should be punished."
- "I have no sympathy for women in this situation."

Seventy percent of respondents had attitudinal scores of less than 3 on this subscale, implying a negative attitude. A lack of understanding about the plight of these women and the inability to identify women at risk may contribute to the wide variation in attitudes regarding this issue.

Based on the data obtained in this study, nurses generally feel unprepared to manage a newborn abandonment event regardless of their level of knowledge or attitudinal stance. Possible scores on the self-perceived preparedness subscale ranged from 0–5, with 0 indicating the nurse does not feel at all prepared to manage this event and 5 indicating that she feels completely prepared. In this study, 545 of the 605 (92%) nurses displayed a mean score of 0 or 1 on this subscale, with 3 being the highest score received by any participant. Because no participants scored a mean of 4 or 5, it can be concluded that most nurses feel very unprepared to manage this event if it should occur.

This study supports the framework of social deviance. In general, legislation is passed in response to the charge that public morality is being violated. In the case of newborn abandonment, laws were passed with the goal of saving the lives of unwanted newborns and not based on condoning the actions of the woman committing the act. Therefore, the nurses surveyed continue to feel that public morality is being violated with safe-haven laws by allowing women to act, in the public's opinion, in an irresponsible and immoral manner. Health care providers may have difficulty in applying or functioning within the context of a law that they feel continues to support an act that they view as socially deviant.

In this study, 92% of the nurses felt unprepared to manage a newborn abandonment event.

Limitations of the Study

This study was limited to the state of Texas. It is important to note that the approximately 35 states with

existing safe-haven laws have implemented them at different times, include specifications that vary from state to state, and conduct a wide variety of methods to disseminate the information to the community and to professional providers. Like Texas, most states with recently passed safe-haven legislation have not adequately funded wide dissemination of the information to users of the laws and face many of the same issues as health care providers in Texas.

The alphas on two of the subscores were only moderate, and the lack of variation in responses may have hampered measurement of relationships. The data for this study were collected by an anonymous return-mail survey, and the nurses who chose to return the survey might have had particularly strong opinions on this issue. The demographics of the sample, however, are reflective of the population of nurses from which the sample was drawn. The omission of selected questions raises further measurement concerns. In any self-report survey, responses can be prone to faulty recall or intentional distortion, possibly due to perceived social desirability. In spite of these limitations, the results suggest that one nursing sample of the American society views abandonment of a newborn, even within clearly stated legal parameters, as deviant behavior. While it is unclear whether their views represent nurses' or the American public's perceptions, these nurses' responses raise important questions about society's preparedness to enact the laws that are currently still being passed across the country.

Conclusions

Health care professionals, including the professional nurse and the perinatal educator, are in a position to play a major role in public and professional education that leads to the prevention and management of newborn abandonment in this country. It is a good time for continuing education programs. By impacting practice, meeting education needs for patients and communities, offering new opportunities for advocacy for women and children, and creating opportunities for research, the topic of newborn abandonment and the resulting safe-haven legislation have added another dimension for perinatal care. Although the abandoning mothers are not likely to have attended childbirth classes or even prenatal care, they and their infants can benefit from the advocacy role of the perinatal educator in the community.

It is essential for nurses and perinatal educators to keep abreast of current legislation in the state in which they reside and practice, keeping in mind that the rules may change when state lines are crossed. Institutional policies reflecting current state law must also be developed. While maternity units or perinatal education units might be responsible for drafting a policy to address this issue, all personnel of the health care agency should be informed and know what to do when a newborn is being abandoned (Cesario, 2001). Even though most laws indicate that the woman may remain anonymous, any birth information that can be obtained may be helpful in meeting the needs of the baby and providing aid in placing the infant with an adoptive family. A question from a sympathetic health provider—such as, “What family history might be helpful if this child has an illness later in life?”—might generate data that would otherwise be lost. Another solution might be handing the mother a card and saying, “Please call or write if there is family information you think of that might be helpful to your child.” In her likely heightened state of anxiety at the time of abandoning her child, the mother may not be able to provide helpful information; however, she may respond later if she recalls kindness from the recipient.

Health care professionals who are fully informed of safe-haven laws in their states are in strategic positions to create and promote programs and other community action plans designed to address this issue. Nurses and perinatal educators are trusted by their communities and, as such, become an advocate for women and newborns. Their input in drafting and reviewing proposed legislation is ideal. Further research is needed in this area to identify women at risk for abandoning their newborns and the underlying reasons prompting women to resort to this action.

The enactment of rudimentary legislation does not provide an end to the issue of the public abandonment of newborns—it is merely a beginning (Cesario, Kolbye, & Furgeson, 2002). Continued multidisciplinary efforts and increased community awareness are crucial to meeting the health care needs of women and newborns.

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Challenges

I know God will not give me anything I can't handle. I just wish that He didn't trust me so much.

—Mother Teresa