

## Adoption of a Child - Guidelines for Hospitals & Maternity Staff in Response to Parents Considering

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### Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

**CIRCULAR**

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**GUIDELINES FOR HOSPITALS AND MATERNITY STAFF  
IN THEIR RESPONSE TO PARENTS CONSIDERING  
THE ADOPTION OF THEIR CHILD**

This circular supersedes circulars 82/296 and 82/297, Health Commission Policy on Adoption.

This is a circular for the NSW Health system that outlines principles and guidelines for hospitals and maternity staff in their response to parents considering the adoption of their child. These guidelines are being issued to ensure that current legislation is complied with and contemporary good practice principles are followed.

Local policies and protocols of public health organisations should be updated to reflect these guidelines. These guidelines are also recommended to private health care facilities for general use as a standard of good practice.

These guidelines are particularly relevant to and should be specifically noted by the following NSW Health staff:

- Maternity services – nursing, medical and allied health staff;
- Paediatricians and Paediatric Registrars;
- Hospital Social Workers;
- Medical Records Staff to note section 3.7 of the Guidelines.

The NSW Department of Community Services is currently preparing new adoption legislation which will repeal, replace and consolidate the Adoption of Children Act 1965 and the Adoption Information Act 1990. In addition, it is anticipated that the new Children and Young Persons (Care and Protection) Act 1998 will be proclaimed in the second half of 2000, and will replace the Children (Care and Protection) Act 1987. This circular has been written to reflect the directions of this new legislation. Following the proclamation of these new Acts this circular will be reviewed and updated.

Michael Reid  
**Director-General**

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# **GUIDELINES FOR HOSPITALS AND MATERNITY STAFF IN THEIR RESPONSE TO PARENTS CONSIDERING THE ADOPTION OF THEIR CHILD**

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## **GUIDELINES FOR HOSPITALS AND MATERNITY STAFF IN THEIR RESPONSE TO PARENTS CONSIDERING THE ADOPTION OF THEIR CHILD**

### **1. PRINCIPLES**

- 1.1 Parents considering offering their expected or newly born child for adoption, should be accorded and advised of the same rights, privileges, responsibilities, treatment/s, information and support services as any other parent in the hospital. Parents should be cared for with sensitivity and in a non-judgemental manner.
- 1.2 As adoption severs a child's legal relationship with his/her family of birth, it is important that parents are informed of all alternative care options for their child and are assisted to consider these options. Adoption is one of the placement options for parents who do not wish or are unable to care for their child. It is the most radical form of substitute care for a child.
- 1.3 Parental choice throughout the process is to be respected. Parents should at all times be the ones to make the decisions about contact with, feeding and care of the baby. The decisions of the parent/s may change over time. For example, the decision to adopt is not always made antenatally, or if considered antenatally may change following birth of the baby. It is also useful to recognise that at any one point in time a parent may be ambivalent about adoption, that is have diverse feelings simultaneously.
- 1.4 The rights of both the child's parents to participate in decisions concerning the child should be taken into account.
- 1.5 Parental wishes for confidentiality regarding a decision about adoption of their child are to be respected by health professionals.
- 1.6 Parents are the legal guardians of their child, unless a Court has removed their parental responsibilities or made them joint guardians with a third party. Consent to medical treatment for the child is to be given by the child's legal guardian. NSW Health Circular 99/16 states the Department's policies in relation to consent to medical treatment and the provision of information to patients.
- 1.7 The parents of the child have the right to name the child. The name given to the child by the parents is the child's legal name and should be used to identify the child. However, that name may be changed by legal processes.
- 1.8 Unless specified in the medical report form required by the Adoption of Children Act 1965, a baby for adoption does not require any specific tests as a result of the adoptive process. The baby should receive the routine screening tests and any other that are medically indicated.
- 1.9 The loss experienced by parents through the adoption of a child may be profound and lifelong. Feelings of grief and loss may be accompanied by significant distress. Affected parents should be offered appropriate support and comfort. Follow-up counselling should be offered for persistent or severe distress or those at highest risk (eg poor social support, a history of significant losses or mental health problems) with identified pathways to specialist mental health care if required.

## **2. DEPARTMENTAL ROLES AND RESPONSIBILITIES**

### **2.1 NSW Health system**

- 2.1.1 The role of NSW Health staff is to ensure that the health needs of mother and baby are met. The aim is to ensure the best physical and emotional health outcome for the family. NSW Health staff also provide health care and assessment of the child. Information about the child is provided to the Department of Community Services or licensed private adoption agency.
- 2.1.2 While the mother and baby are the primary focus of the maternity service, the role of the father and extended family is also to be acknowledged and accommodated in the provision of care and support.
- 2.1.3 The NSW Health system has no role in arranging adoption or witnessing adoption consent.

### **2.2 Department of Community Services and licensed private adoption agencies**

- 2.2.1 The Department of Community Services and the licensed private adoption agencies are the only bodies authorised to make adoption arrangements.

Making adoption arrangements involves:

- counselling which will include assisting the parents to explore their reasons for considering adoption, explaining alternatives to adoption and ensuring their understanding of the effects of an adoption order;
- witnessing consent;
- preparing the adoption plan;
- placement of the child;

and, facilitating the appropriate provision of:

- ongoing counselling and support for parent/s following consent;
- follow up for grief and loss issues of the parent/s and family.

- 2.2.2 Once all required consents to the child's adoption have been given by the parent/s, or dispensed with by the Court, the Director-General of the Department of Community Services becomes the legal guardian of the child. This includes cases where the adoption arrangements are being made by a private licensed adoption agency.
- 2.2.3 The Department of Community Services and the licensed private adoption agencies can make arrangements for the temporary care of the child. Temporary care is usually arranged with the consent of the parents, who are encouraged to maintain regular contact with the child. For most infants the period of temporary care is likely to be of only several weeks duration to enable the parents to resolve their situation.
- 2.2.4 The maximum period usually available for temporary care is 6 months. The temporary care arrangement may be terminated at any time by the parents or the agency that made the arrangement (the Department of Community Services or the licensed private adoption agency, as the case may be).

### **3. LEGISLATIVE FRAMEWORK**

#### **3.1 General**

- 3.1.1 Adoption practice is principally governed by the Adoption of Children Act 1965 (ACA), the Adoption Information Act 1990 (AIA), some sections of the Children (Care and Protection) Act 1987 (CC&PA), and their respective Regulations.
- 3.1.2 The NSW Department of Community Services is currently preparing new adoption legislation which will repeal, replace and consolidate the Adoption of Children Act 1965 and the Adoption Information Act 1990. In addition, it is anticipated that the new Children and Young Persons (Care and Protection) Act 1998 will be proclaimed in the second half of 2000, and will replace the Children (Care and Protection) Act 1987.
- 3.1.3 Parents are the legal guardians of their child, unless a Court has removed their parental responsibilities or made them joint guardians with a third party. The Director-General of the Department of Community Services becomes the child's exclusive guardian under the adoption process when all consents to the child's adoption by a parent or guardian have been given or dispensed with by the Supreme Court.

#### **3.2 Adoption**

- 3.2.1 Adoption is a legal process which ends the legal relationship and responsibilities between the child and his/her parents and establishes a new legal relationship and responsibilities with the adoptive parents. (Section 35 ACA)
- 3.2.2 Adoptive placements of non-related children can only be arranged by the Department of Community Services or a licensed private adoption agency. Any other adoptive placement of a child with a non-related person is an unauthorised adoption placement and in breach of the Act. (Section 51 ACA)
- 3.2.3 Relative is defined in the adoption law as the grandparent, uncle or aunt of the child, whether by blood, adoption or marriage. (Section 6 ACA)
- 3.2.4 Once all required consents to the adoption have been given by the parents or guardians of the child, or dispensed with by the Supreme Court, the Director-General of the Department of Community Services becomes the exclusive guardian of the child and remains exclusive guardian until:
- the making of the adoption order or an order in lieu of adoption;
  - the adoption consent(s) are revoked; or
  - the Director-General terminates the arrangement, including the return of the child to the parents (Section 34 ACA);
  - the Supreme Court makes an interim order that the child become a ward of the Minister (Section 34(4) ACA).
- 3.2.5 Adoption orders are made through the NSW Supreme Court.

#### **3.3 Adoption Consent**

- 3.3.1 The Department of Community Services or the licensed private adoption agency is responsible for making the arrangements for a qualified person, under the legislation, to witness the adoption consent.

- 3.3.2 For the mother of a child, consent to adoption may legally be given at any time on or after the fifth day of the child's birth. (Section 31 (2) ACA)
- for many women the consent to adoption is given at a time well beyond this minimum period;
  - a mother may be discharged from hospital without her child when she is ready/medically fit, without signing an adoption consent.
- 3.3.3 The father of a child can give his consent at any time after the child's birth.
- a) The legislative provisions relating to the involvement of a child's father in the adoption decision are complicated. Men who acknowledge their paternity should be accorded the right to be involved in decisions concerning their child, including the adoption decision. (The Status of Children Act 1996, Sections 26 and 31A ACA)
  - b) Clarification of the adoption consent requirements in respect of fathers should be sought from the Department of Community Services or the licensed private adoption agency. A father's consent to his child's adoption is definitely required if:
    - the child was born of his marriage; or
    - the child was born of his defacto relationship and the child is part of the household; or
    - the father has been appointed a guardian by a court and has custody of the child.
- 3.3.4 For adoption consent to be valid and legal (Sections 29 & 31 ACA, Regulations 21-24):
- a) It must not have been obtained by fraud, duress or other improper means.
  - b) The parent must understand the nature of the consent and be in a fit condition to give consent. For example: the parent should not be ill, receiving medication or treatment that could affect decision processes, or suffering an acute psychiatric condition.
  - c) When medical certification of the mother's fitness to consent is provided, consent to adoption can legally be given by a mother before the fifth day of the child's life. However this situation is highly unusual. Adoption consent cannot be signed before the birth of the child.
  - d) Consent must be given on the prescribed form and attested to by a qualified witness. Only certain categories of people are qualified in the Adoption of Children Regulation to witness a consent.
  - e) The qualified witness has certain obligations to fulfil under the Regulations before the parent can sign the consent. These are:
    - to be satisfied of the identity of the person giving consent;
    - to ensure the parent received, at least 72 hours before signing consent, written information about the effect of giving consent and the rights of the parties concerned in an adoption;
    - to afford the parent ample opportunity to read the consent documents;
    - to be satisfied the parent understands the effect of signing the consent; and
    - if the parent is under the age of 16, before consent is given, a report of a registered psychologist, or other appropriate expert, is required of the capacity of the parent to understand the effect of signing an adoption consent.

3.3.5 Following consent, the period for a parent to revoke or withdraw their consent is 30 days. (Section 28 ACA)

- a) Consent is revoked by the parent notifying in writing the Deputy Registrar of the NSW Supreme Court of their intention to revoke their consent.
- b) A form for revocation is included in the parent's consent documents.
- c) The Department of Community Services or the licensed private adoption agency will notify the parent of the impending expiry of the revocation period at least 7 days before its expiry. (ACA Regulation 26)
- d) On revocation, the parent resumes their guardianship of the child.
- e) If a parent has revoked their consent, but is unable to resume the care of their child, a temporary care agreement will need to be signed while the parent considers the child's future.

### **3.4 Leaving Hospital**

3.4.1 Under Section 27 (2) of the Children (Care and Protection) Act 1987 it is an offence for a person to permit a child, unless s/he is in the care of his/her mother, to be taken from hospital without the consent of the Director-General.

3.4.2 When the child is ready to leave hospital, if a parent is unable to care for the child and has not signed the adoption consent, temporary care arrangements should be made for the child by the Department of Community Services/licensed private adoption agency. The parent/s will be asked to sign a Temporary Care Agreement with the Department of Community Services or enter into a private fostering arrangement with a licensed foster care or private adoption agency.

3.4.3 If the parent/s have not signed adoption consent, do not agree to sign a temporary care arrangement and are unwilling to resume the care of the child, the child should be notified to the local office of the Department of Community Services.

3.4.4 Where the child is to be discharged to the care of a Department of Community Services temporary foster carer, the carer must provide the hospital with a letter containing the consent of the Director-General of the Department of Community Services to their care of the child and show identification. The letter and copy of the identification are to be placed on the child's hospital record.

3.4.5 Where a child is to be discharged to the care of a licensed private adoption agency carer, the carer must provide the hospital with a letter signed by the Principal Officer of the agency and show identification. The letter and copy of the identification are to be placed on the child's hospital record.

### **3.5 Contact**

3.5.1 The adoption legislation does not place any statutory restrictions on the degree of contact a parent may have with their child in hospital.

3.5.2 As a general rule, prior to adoption consent the child's parent/s decide on the level of contact they wish with the child, whether the child is to room in with the mother, or be cared for in the nursery etc. However, if an assessment of risk for the child has led to the Department of Community Services assuming the care of the child under the

Children (Care and Protection) Act (Section 62A), the level of contact should be determined by the Department of Community Services.

- 3.5.3 Once all required adoption consents have been given, because the guardianship of the child has changed, the level of contact should be negotiated between the parent/s, Department of Community Services/licensed private adoption agency and the hospital.

### **3.6 Registering the birth and naming the child**

- 3.6.1 The Births, Deaths and Marriages Registration Act requires a parent to notify the Registry of the birth of a child within a month of the birth. Where the parents are not married to each other, the father's details can only be included on the registration if both parents sign the information form. Both parents should be encouraged to record their names.
- 3.6.2 If the child is subsequently adopted, this acknowledgment of a man's paternity will affect the rights of the adopted person and the father under the Adoption Information Act 1990. Acknowledgment of a man's paternity will allow the adoptee to receive identifying information about his/her father and the father will be able to access identifying information about the child.
- 3.6.3 The name given to the child by the parents is the child's legal name (unless changed as a result of an adoption order) and should be used to identify the child.

### **3.7 Records**

- 3.7.1 The Adoption Information Act 1990 (AIA) gives adopted persons, their birth parents and adoptive parents the right to certain information about themselves and each other. This includes their access to medical and social work records. The information that can be accessed is prescribed by the AIA.
- 3.7.2 Access by an adopted person to records related to his/her birth parent require the person to present a 'Supply Authority' from the Department of Community Services or a copy of their original birth certificate released under the AIA prior to June 1998.
- 3.7.3 Similarly a birth parent cannot access information from an adopted child's records without the appropriate authority.
- 3.7.4 Since the NSW Archives Act 1960, adoption records have been retained in the State Archives in perpetuity.
- 3.7.5 NSW Health Circular 91/120, *Protocol for the Release of Information under the Adoption Information Act*, outlines guidelines to be followed in respect of adoption related enquiries to public hospitals.

## **4. HOSPITAL PRACTICE**

### **4.1 Antenatal care**

- 4.1.1 If adoption is being considered, the maternity/hospital social worker would normally be involved in the management and care of the woman. A referral to a social worker should be made following discussion and agreement by the woman/couple.

- 4.1.2 Information, education, support and counselling should occur regarding the birth plan and birthing process. A birth plan should be agreed so that the hospital is able to offer appropriate care. The birth plan is to include:
- the wishes of the parent/s regarding their involvement with the baby after delivery;
  - who else is to be involved, eg the grandparents of the baby and other support people;
  - how much contact they will have with the baby;
  - memorabilia of the baby that may be wanted by the parents, eg photographs, hand/foot prints, cot cards, identification bands, the Blue Book.

## **4.2 Birth**

- 4.2.1 Antenatal staff are to ensure the appropriate transfer of information to the delivery suite and postnatal ward to ensure that appropriate care in line with the wishes of the parent/s is provided. Confirmation of the birth plan is to occur, along with reassurance to the woman/couple that they are able to alter the birth plan at any time so that their needs are met.
- 4.2.2 At delivery there should be no obstacle to the parent/s being shown or handling their child should they wish to do so, providing this is medically feasible.
- 4.2.3 Following the birth, the midwife usually informs the maternity/hospital social worker (if involved) that the baby has been delivered. The decision and timing of notification of the birth to the adoption agency is made by the parent/s who may wish to consult with and seek the assistance of the hospital social worker.
- 4.2.4 If no prior discussion has occurred between hospital staff and the woman/couple and adoption is discussed at this point in care (ie birth/postnatal) a referral to the maternity/hospital social worker should be made as soon as possible.

## **4.3 Consent to medical treatment of the child**

- 4.3.1 Generally, the parent/s are the legal guardian/s of the child, parental consent to medical treatment or a Court order is required. However, in an emergency, medical practitioners may act without the consent of a parent or guardian (Section 20A, Children (Care and Protection) Act 1987).
- 4.3.2 If there is an arrangement in place for temporary care, consent to medical treatment may be provided by the Department of Community Services or the licensed private adoption agency as the case may be, if the consent of the parent/s is unable to be obtained (the Department of Community Services or licensed private adoption agency will obtain parental consent where possible).
- 4.3.3 If the Director-General of the Department of Community Services has become the child's legal guardian, consent to medical treatment is required from the Department of Community Services.

## **4.4 Postnatal care**

- 4.4.1 The parent/s choose where the baby is to be cared for following the birth, that is rooming in with the mother or cared for in the nursery. The parent/s choose the degree of contact they have with the baby and whether the baby is breastfed.

- 4.4.2 If an assessment of risk for the child has led to the Department of Community Services assuming the care of the child under section 62A of the Children (Care and Protection) Act 1987, postnatal care of the child and the degree of contact between the child and the parent/s should be determined by the Department of Community Services.
- 4.4.3 The parent/s have the right to name the child and are responsible for completing the birth registration form. The baby is to be identified at all times by the name given by the parent/s.

#### **4.5 Mementos**

- 4.5.1 Having first obtained the permission of the parent/s, two sets of mementos of the baby such as photographs, hand/foot prints of the baby, cot cards, identification bands should be gathered and two Blue Books (Personal Health Records) issued.
- 4.5.2 Mementos of the baby and the Blue Book should be offered to the parent/s. If the parent/s do not want to take these mementos at this time, permission from the parent/s should be requested for the mementos to be forwarded the Department of Community Services/licensed private adoption agency to be held on file for the parent/s if requested in the future.
- 4.5.3 It is usual practice for the Department of Community Services/licensed private adoption agency to request mementos on behalf of the child. A set of these items is to be gathered for the child and forwarded to the Department of Community Services/licensed private adoption agency on request. Hospital staff should explain to the parents that these items are given to the adoptive parents to provide the child with mementos of his/her birth.
- 4.5.4 No identifying details other than the baby's first name should appear on the set of mementos and Blue Book provided to the adoptive parent of the child.

#### **4.6 Discharge**

##### **4.6.1 *Temporary Foster Care***

- 4.6.1.1 The baby should leave the hospital for temporary foster care as early as practicable. The Department of Community Services or licensed private adoption agency arranges the temporary foster care and ongoing access of the parent/s to the child in consultation with the parent/s.
- 4.6.1.2 The Nurse Unit Manager or delegate is to be advised by the Department of Community Services/licensed private adoption agency when the foster parents will be coming to collect the baby. The Department of Community Services or licensed private adoption agency provide the foster parents with a letter giving consent for the child to be discharged into their care. Identification should also be provided by the foster parents. This letter and a copy of the identification is to be placed in the child's hospital record.

##### **4.6.2 *Medical Report Forms***

- 4.6.2.1 There are two statutory medical reports to be completed on a child to be placed for adoption (Clause 19 Adoption of Children Act Regulation). These are *Medical Report following Birth of a Child* and *Medical Report on Child*. These forms are to be completed by the relevant medical officer prior to discharge and forwarded to

the Department of Community Services or licensed private adoption agency. Copies of the medical report forms are attached.

- 4.6.2.2 Before a child's discharge from hospital, it is helpful for the relevant medical officer to provide a referral to an appropriate medical practitioner for ongoing medical examination and care of the child. This will assist the Department of Community Services or licensed private adoption agency to comply with the relevant Regulation in regard to ongoing medical care.

#### **4.6.3 Discharge Planning**

- 4.6.3.1 Prior to the child's discharge from the hospital, the foster parent/s are to be advised by hospital staff of their local Early Childhood Health Service and encouraged to access this service while the child is in their care. The green copy of the midwives data collection form (or print out from the computerised obstetrics information system) should be forwarded to the relevant community health - early childhood health service as required by NSW Health Circular 99/55.
- 4.6.3.2 Discharge planning should also address the health needs of the parent/s, including the physical and mental health needs. The maternity/hospital social worker may remain available to the parent/s and their family following discharge for follow up consultation. Other options for ongoing support should be identified in consultation with the adoption agency. Parent/s who are severely affected by loss may be vulnerable to (postnatal) depression and may require specific follow-up to monitor their mental health with access to appropriate treatment, if necessary.
- 4.6.3.3 Hospital staff should ensure that the mother is given appropriate advice and information on all aspects of the postnatal period – physiological and emotional. As well as social work support this should include:
- information and explanation about normal and abnormal physiological processes after child birth;
  - an offer of domiciliary midwifery visits after discharge;
  - information on who to contact if problems arise;
  - information on the importance of arranging a 6 week postnatal visit.

## **5. ADOPTION SERVICES**

A parent considering the adoption of their child may be referred for information about adoption and counselling to the NSW Department of Community Services or one of the private adoption agencies licensed to make arrangements for an infant's adoption.

The contact details for these agencies are:

Adoption and Permanent Care Section  
Adoption Services Branch  
NSW Department of Community Services  
Level 13, 130 George Street  
Parramatta NSW 2150  
Telephone: 9865 5900, 9865 5911, 9865 5966, 9865 5974, 9865 5992.  
Website: <http://www.community.nsw.gov.au>  
Email: [adoption@community.nsw.gov.au](mailto:adoption@community.nsw.gov.au)

Anglicare Adoption Services  
19A Gibbons Street  
Teloepa NSW 2117  
Telephone: 9890 6855  
Facsimile: 9890 6899  
Email: [adoptions@anglicare.org.au](mailto:adoptions@anglicare.org.au)

Centacare Adoption Services  
9 Alexandra Avenue  
Croydon NSW 2132  
Telephone: 9745 3133  
Facsimile: 9744 7123  
Email: [adoption@centacare.aust.com](mailto:adoption@centacare.aust.com)

Barnardos Find-a-Family Program is also a licensed private adoption agency, however provides services to children over the age of 2 requiring adoptive placement.

These organisations also have information, pamphlets and resources on adoption.

## **6. MEDICAL FORMS**

Copies of the two statutory medical reports to be completed on a child to be placed for adoption (Clause 19 Adoption of Children Act Regulation) are attached:

- Medical Report following Birth of a Child
- Medical Report on a Child

**ADOPTION OF CHILDREN ACT, 1965  
REGULATION 29 (1)**

**Medical Report Following Birth of Child**

NAME OF CHILD: ..... Sex:.....

Date of child's birth: ..... Time of birth:.....

Place of child's birth: .....

Birth Weight: ..... Length at birth:.....

Head circumference at birth: .....

Evidence of developmental defect, injury, infection or other disability:.....

.....

.....

APGAR RATING: (see overleaf)

|                     | Score                | Code        |     |
|---------------------|----------------------|-------------|-----|
| Heart rate          | <input type="text"/> | A - 9 to 10 | (A) |
| Respiratory effort  | <input type="text"/> | B - 7 to 8  | (B) |
| Muscle tone         | <input type="text"/> | C - 5 to 6  | (C) |
| Colour of infant    | <input type="text"/> | D - 3 to 4  | (D) |
| Reflex irritability | <input type="text"/> | E - 0 to 2  | (E) |
| Total               | <input type="text"/> |             |     |

MOTHER'S NAME:.....

Age:.....

Parity:.....

Height:.....

Ethnic group:.....

Serological tests for syphilis done on the mother in puerperium .....

.....

Result:.....

.....

Details of labour and delivery:

.....

.....

GENERAL COMMENT: (The examiner's assessment of the child's physical status)

.....

.....

Name and address of doctor:

.....

Date of examination: ..... Signature: .....

APGAR RATING -- at one minute

Estimated exactly 1 minute after birth -- preferably by 2 observers:

|  |  |
|--|--|
| HEART RATE = 0<br>= 1<br>= 2   | A heart rate of 100-140 is considered good and given a score of two, a rate of under 100 receives a score of one, and if no heartbeat is seen, felt or heard, the score is zero.   |
| 0 = No beat seen, felt or heard<br>1 = Rate of under 100<br>2 = Rate 100-140   |  |
| RESPIRATORY EFFORT = 0<br>= 1<br>= 2   | An infant who is apnoeic at 60 seconds after birth receives a score of zero, while one who breathes and cries lustily receives a two rating. All other types of respiratory effort, such as irregular, shallow ventilation are scored one. An infant who has gasped once at thirty or forty-five seconds after birth and who then becomes apnoeic, receives a zero score, since he is apnoeic at the time decided upon for evaluation. |
| 0 = Apnoeic at 60 secs.<br>(including one or more gasps, then apnoea)<br>1 = Irregular shallow ventilation<br>2 = Breathed and cried lustily |  |
| MUSCLE TONE = 0<br>= 1<br>= 2  | A completely flaccid infant receives a zero score and one with good tone and spontaneously flexed arms and legs, which resist extension, is rated two points.  |
| 0 = Completely flaccid<br>1 = Poor tone<br>2 = Good tone, spontaneously flexed arms and legs   |  |
| COLOUR = 0<br>= 1<br>= 2   | A score to two is given only when the entire child is pink.  |
| 0 = Cyanosed deeply<br>1 = Slightly cyanosed<br>2 = Entire child pink  |  |
| REFLEX IRRITABILITY = 0<br>= 1<br>= 2  | Response to external stimuli-lactile or thermal.   |
| 0 = No response<br>1 = Feeble cry<br>2 = Vigorous cry  |  |

**ADOPTION OF CHILDREN ACT, 1965  
REGULATION 29 (1)**

**Medical Report on Child**

(To be made wherever possible by a Paediatrician but where necessary by other examining medical practitioner)

Note for the Guidance of Examining Doctor:

The examination is intended to provide a record, available to the adoptive parents, of the child's apparent mental and physical condition so that information which would have been available to them as natural parents and which may be of importance for the future welfare of the child, so far as practicable will be available. The doctor is not asked to give his opinion as to the suitability of the child for adoption.

NAME OF CHILD: ..... Sex:.....

Date of Birth: ..... Estimated Gestation:.....

Present Weight: ..... Present Length:.....

Present head circumference: .....

BEHAVIOUR: Startle reflex:.....

General activity and vigour: .....

Capacity to take feedings: .....

Abnormal behaviour or posture:.....

EVIDENCE OF DEVELOPMENTAL DEFECT, INJURY, INFECTION OR OTHER DISABILITY: \*

.....  
.....  
.....  
.....

**LABORATORY DATA**

Blood ( H.B. Film .....  
( Serological Tests for Syphilis .....

Urine ( Reducing substances .....

( Albumin .....

( Phenyl Pyruvic Acid (or Guthrie Blood Test).....

**GENERAL COMMENT:** (The examiner's assessment of the child's physical status and behaviour)

.....  
.....  
.....  
.....

Name and address of doctor: .....

Date of examination: ..... Signature:.....

\* The examination should include, if applicable, inter alia:

At any age

Capacity of infant to focus eyes on object held about 30 cms. from face and moved from side to side.  
Squint. Visual activity. Nystaginus. Cataract. Retinopathy.

Mouth and Palate.

Hearing Bell. Watch. Human voice/whisper. If deaf - probable cause.

Evidence of developing head control. Size and tension of fontanelle.

Co-ordination. Laterality (Dominance). Posture. Tone. Congenital dislocation of hip. Talipes.

Descent of testes. Hernia. Naevi. Abdominal tumour or enlargement of organs.

Pyspnoea. Stridor. Productive cough. Asthma.

Evidence of Mongolian defect.

Pubescence, Menstruation.

Central or peripheral Cyanosis. Heart murmur or abnormal rhythm. Femoral pulse.

Additional matters in respect of child over three months of age:

Capacity to respond to invitation to smile; to follow movement of examiner; to grasp and hold rattle etc. Excessive rhythmical activity (e.g. head rolling, banging). Developing power to maintain sitting posture, with support.