

Lori Bruce
Yale University

Committee on Children
Connecticut General Assembly
State Capitol Building, Room 011
Hartford, CT 06106

February 19, 2025

Re: **Opposition** to [SB-1310](#): An Act Authorizing Hospitals to Install Devices on an Exterior Wall of an Emergency Department to Facilitate the Voluntary Surrender of Infants to Emergency Department Staff

Dear Madam Chair Maher, Mr. Chairman Paris, and members of the Committee on Children,

I am a bioethicist at Yale – and a Hamden, CT resident - and much of my work is centered on informed consent and harm reduction.

For over 10 years, I have studied, written, and lectured about Safe Haven laws. I have also served on nationwide Safe Haven task forces. I led the open letter last November to US Department of Health and Human Services, **co-signed by 100 clinicians and child welfare experts**, calling for federal oversight of infant abandonment boxes.

Please **see the Appendices** for some of my recent work which discusses the harms and unintended consequences of abandonment boxes, and supporting documentation, including:

- [ABC News coverage](#) (6-minute story) from this Monday, Feb 17th 2025;
- [Hartford Courant story](#) from this Wednesday February 19, 2025;
- [Academic article in Pediatrics](#), released February 14, 2025;
- [Legislative Brief](#) I presented to CT legislators in December, 2024;
- [Lecture](#) I gave at Loyola Chicago Stritch School of Medicine on February 5th, 2025
- [Academic article](#) on an alternative policy (supported birth) from January 13th, 2025
- [Open letter to US Dept Health & Human Services](#), **co-signed by 100** clinicians & child welfare experts from November, 2024;
- [Map of Infant Abandonment Devices](#) across the US from December, 2024;
- [Summary of all US state laws on these devices](#) from December, 2024.

This Bill's Intentions

This bill proposes a solution but does not define a problem. If Connecticut wishes to change the state's Safe Haven law, let's begin by **defining our policy goals** and then determine which method would help us achieve these aims.

I understand that some may be concerned that some of our constituents do not feel safe in hospitals. However, if that is the policy problem, why is the proposal to install boxes in the very location these communities fear?

Bill Language

The bill language states, "To prevent infant abandonment and provide a safe and legal option for parents in crisis to voluntarily surrender an infant to emergency department staff."

Here are some of the most central problems with this language:

1. Abandonment boxes rarely, if ever, prevent infant abandonment.
2. Abandonment boxes are not assured to provide a safe option.
3. Abandonment boxes are not assured to provide a legal option.

For the sake of brevity, I explain the reasons below, but please kindly also see in the documentation provided, including peer-reviewed literature. In short:

Prevention of Unsafe Abandonment

There is **no evidence** that these boxes would be a successful policy solution here in Connecticut. In countries with longer history of these boxes, **the rate of unsafe abandonments did not decrease after the devices came available**. This is even true in Germany which has 100 infant abandonment boxes.

Even when boxes are used, their usage is likely by those *who would otherwise surrender in-person*. This means that installing boxes likely prevents mothers from receiving in-person crisis counseling and medical aid which they otherwise could have received through the in-person surrender.

Safe Haven in Connecticut already works. In fact, national coalitions are aware of families from other states coming to Connecticut because our policy works.

Safety

1. These boxes are not regulated by any governmental authority. I have spoken with three medical device experts who are concerned and perplexed about this fact. After all, bassinets and infant mattresses are considered medical devices, and

these boxes contain both bassinets and infant mattresses, yet somehow they are exempt?

2. Deaths have been associated with boxes (discussed herein).
3. Boxes are not subject to HIPAA privacy requirements. This leaves questions as to how the company's hotline records – and their video streams within boxes – are managed and whether they are safe from records requests.

Connecticut Safe Haven laws could be improved.

If the policy goal is to *address fear of hospitals*, we could look to promising Safe Haven extensions by other states which do not eliminate the possibility for crisis, counseling, informed consent, and medical care.

Many states have modified their Safe Haven laws to safely expand options. For instance, we could expand Safe Haven laws to permit a person in crisis to **use 911** to permit an EMT or paramedic to meet the mother **at a location and time of her choice**. We are aware that some people using Safe Haven have financial hardship. It might be difficult for them to get to the hospital. We know that others who use Safe Haven already have children but feel they cannot afford another. Getting to a hospital with several other children could be a challenge. Calling a paramedic at a time and location that is convenient to the mother would be a policy solution that meets the perceived policy gap. Other states have successfully expanded their SH laws in this way.

What Kind of Person Surrenders Their Infant?

There are misperceptions about women who surrender their infant. Some say that these women are “over it” as soon as they place their infant into the abandonment device. This is not a fair representation. We know from the extensive work by Grechen Sisson, an adoption scholar, that women who relinquish their children suffer from unrelenting grief.

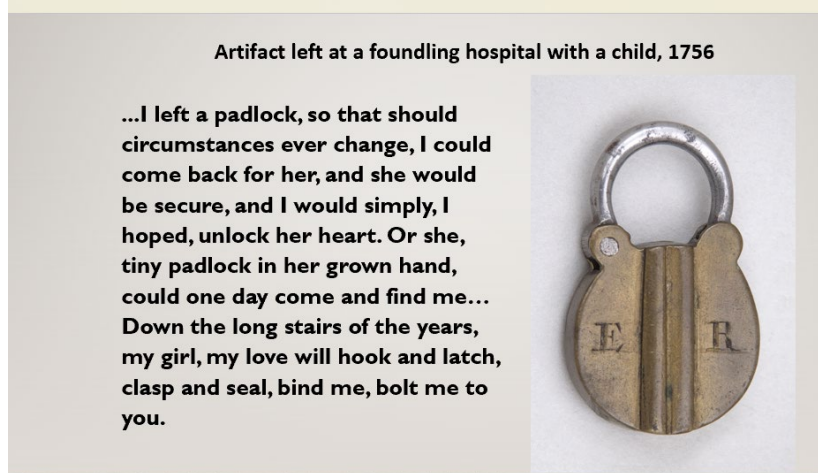


Source: London's foundling museum

This image of an embroidered heart is an example of an artifact, or token. It is part of a collection of tens of thousands of tokens at London's [Foundling Museum](#). A foundling is a person who has been relinquished.

In this heart, one can see the detailing which took time to carefully create. We can see outstretched arms as if the embroidery is trying to offer an embrace. When parents were forced to relinquish their children (often due to financial strife or untenable social conditions), they would often pin a token (sometimes hand-made) onto their child.

The London museum is also filled with coins used as tokens. They were often cut into two pieces. One half would often be strung around the mother's neck, close to her heart, and the other half would be pinned to the child upon relinquishment. These parents partook in this ritual because they did not want to relinquish their children and they wanted a way to reclaim their child when they were able.



This padlock is another example of a token at London’s foundling museum. These tokens demonstrate the care and the anguish experienced by parents who abandon. I do not wish for the United States to someday have a foundling museum.

Present Day Conditions Within the US

In the US today, **financial strain** is the number one reason for 80% of relinquishments. Gretchen Sisson, an adoption scholar, tells us a small amount of funds would be enough to help many of these families stay together. For instance, some just need a couple hundred dollars for a down payment on an apartment so that they can be independent from an abusive partner. For others, they **just need enough to pay for a car seat.**

Surrendering a Child is Not Akin to Returning a Library Book

The reason I present these artifacts (above) is because there is a misperception that women facing unintended pregnancies simply need to “deposit” their child in a box, as if they are dropping of a library book. There is a perception that after they drop off their child, they are “over it,” but this is not the case. Mothers want to be with their children, and children want to be with their mothers. Abandonment boxes are an untenable policy solution because they cut off social interaction through in-person surrender; care which can provide crisis counseling, discussion of options, and medical care.

Voting “Yes” on 1310 is Rife with Unintended Consequences

Voting to support this bill is not just voting for a box. Because there is a US patent on these devices, it is only feasible to obtain a box from the sole manufacturer. This manufacturer has a number of concerning practices and policies. These are discussed in the supporting documentation and they include:

1. Directly withholding information from parents about other options (on box signage and during training sessions). For example, training videos from the manufacturer instruct providers of “the one question you never ask a mother... Never ask her why.” The training videos direct providers to [never ask the mother](#) if she would like to know about other options, such as temporary placement and kinship care.

These terms and policies work directly against informed consent, the pillar of modern US healthcare.

2. Additionally, the manufacturer’s contract disallows providers from [altering the signs](#) around the boxes which could, for instance, inform at-risk parents of family preservation funds or in-person help at nearby hospitals. These contract terms [tie the hands of our first responders](#) by withholding legal options from at-risk individuals.

This also jeopardizes the mother from being able to adhere to the terms of the law. In Japan, a toddler was left in an abandonment box. Since signage around boxes [does not disclose age limitations](#) (or other critical criteria to assure the parent they will not be prosecuted), what is to stop an older baby or toddler from being left in a box here in Connecticut? What is to stop a parent from unknowingly violating the law?

Summary of Testimony to Date

When I speak with community members, scholars, clinicians, and stakeholders, and inform them of the complexities of these boxes, they agree that **the implementation of these boxes does not support reasonable policy goals nor are these boxes supportive of at-risk families, parents, and children.**

Many have spoken out against abandonment boxes. These parties include:

- **American College of Obstetricians and Gynecologists** (Maryland chapter) who recommend [a halt](#) to infant abandonment boxes given “no research or clinical evidence of [their] safety or appropriateness.”
- The **United Nations Committee on the Rights of the Child**
- [Rick Snyder \(click to see his letter\)](#), **Governor of Michigan**
- **New York Adoptee Rights Coalition**
- **Texas Adoptee Rights Coalition**
- **Florida Adoption Council** (affiliate of Am. Acad. Adoption & Assisted Reproduction Attorneys)
- **Bastard Nation**

- Adoptee Rights Organization
- Missouri Ward Alderwoman Anne Schweitszer
- Omaha Senator Justin Wayne
- Many others.
- These are *in addition to* the **100 scholars, clinicians, and adoptee advocates** who signed the open letter.

Future Developments

I have served on nationwide Safe Haven task forces and spoken & written widely about Safe Haven laws for over 10 years. If Connecticut were to reconvene their Safe Haven task force to consider revisions, I would be honored to participate.

Sincerely,

Lori Bruce

Views expressed are my own

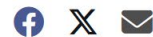
Appendix: ABC News Coverage of the Harms of Infant Abandonment Boxes

Six-minute news story here: <https://www.news5cleveland.com/news/local-news/investigations/baby-boxes-are-supposed-to-keep-newborns-safe-what-has-doctors-and-child-welfare-experts-so-concerned>

Transcript below.



NEWS > LOCAL NEWS > INVESTIGATIONS



Baby boxes are supposed to keep newborns safe. What has doctors and child welfare experts so concerned?

Safe Haven Baby Boxes are growing in number around the U.S.



Approximately 100 physicians, child welfare experts, and other key stakeholders asked the U.S. Department of Health and Human Services to regulate "infant abandonment boxes."



Click here for stories we've followed through on and to submit your ideas.

By: [Sarah Buduson](#)

Posted 5:35 PM, Feb 17, 2025 and last updated 10:07 PM, Feb 17, 2025

SEVILLE, Ohio — Baby boxes are supposed to protect the most vulnerable among us. So why aren't they regulated by any U.S. government agency?

Approximately 100 physicians, child welfare experts, and other key stakeholders asked the U.S. Department of Health and Human Services to regulate "infant abandonment boxes," which are owned by a single U.S. company, [Safe Haven Baby Boxes](#).

The letter says the boxes pose "a wide range of harms and unintended consequences" to babies and their mothers.

No government agency currently regulates how infant abandonment boxes are built, installed, maintained, or marketed, according to the letter.

How they work

The boxes are built into the exterior walls of fire stations and medical centers. They include alarms to alert staff when an infant is placed inside a box, video monitoring, and temperature controls.

According to its website, Safe Haven Baby Boxes are "a safe, legal, and compassionate option for parents in crisis who are unable to care for their infant," in accordance with Safe Haven Laws.



Concerns about the Safe Haven Baby Box, like the one pictured, include the lack of information about seeking medical care and other options for new parents, including kinship care, adoption, and funds for impoverished families.

But medical experts have said there is no evidence the boxes can adequately protect a newborn baby.

The Maryland Section of the American College of Obstetricians and Gynecologists recently fought to stop infant abandonment boxes from coming to their state.

In a statement to lawmakers, they argued there is "no research or clinical evidence of their safety or appropriateness."

Where they are

Indiana resident Monica Kelsey is its founder and co-owns the Safe Haven Baby Boxes with her husband.

According to an IRS 990 form, the company earned \$2,058,972 in total revenue in 2023.

Kelsey said there are currently 316 Safe Haven Baby Boxes in the U.S.

There are also plans for more. The Chardon Fire Department recently decided to buy one of the baby boxes.

There are already 13 baby boxes in Ohio, including a new box at the Seville-Guilford Fire Department in Medina County.

The box is installed into the exterior wall of the fire station's gym.

It automatically locks if a baby is placed inside. An alarm should then alert staff a child is in the box.

"This is just another way the fire department is responding to the needs of the community," Seville-Guilford Fire Chief Brian Cyphert said during a ceremony to bless the department's infant abandonment box earlier this month.

"We don't want these parents to utilize this box if we can help them beforehand," Kelsey said. "But if they do need it, it's here now."

For Kelsey, her mission to protect unwanted newborns is deeply personal. She said her birth mother abandoned her at an Ohio hospital two hours after she was born.

"I stand on the front lines of this movement as one of these kids that wasn't lovingly, and safely, and legally, and anonymously placed in a Safe Haven Baby Box by a parent that wanted me," she said. "This is my legacy and I am their voice."

Two associated deaths

"These infant abandonment boxes represent a very laudable goal to help to protect vulnerable babies," said Lori Bruce, a bioethicist at Yale University. "The way that they're implemented can fail to meet the needs of the target population."

Bruce is the main signatory on the letter to the U.S. Department of Health and Human Services that requests federal oversight of Safe Haven Baby Boxes.

She said marketing for the baby boxes fails to include information about other options, including kinship care, open adoption, and family preservation funds.

She said the baby boxes disincentive women experiencing a crisis pregnancy from seeking medical care.

"They often give birth alone outside of a hospital and that presents risks to the baby and that also presents risks to the parent," Bruce said.

According to the organization, 55 babies have been safely surrendered in Safe Haven Baby Boxes since 2016.

However, the letter notes there were also two deaths associated with Safe Haven Baby Boxes last year.

A dead newborn baby was left in a Safe Haven Baby Box in Idaho, with the placenta still attached, in October.

The baby's mother, 18, was criminally charged for failing to report the death.

Another mother overdosed after leaving her baby in a Safe Haven Baby Box last March, according to the U.S. Department of Health and Human Services letter.

"These deaths all point to the need for policies that are further upstream, that seek to solve problems even before a box can ever be considered," Bruce said.

There are several other concerns outlined in the letter, including adoption rights groups and medical professionals who say anonymity deprives the baby of their medical history and opportunities for connection with their birth parents and extended family.

The letter also proposes a solution.

It encourages the agency to endorse "confidential birth."

It would allow women to anonymously give birth at a hospital or birthing center.

Bruce said hospitals already have policies that provide anonymity for sexual assault survivors, domestic violence victims, and celebrities who are seeking privacy while they receive medical care.

Safe Haven Baby Boxes response

During the "Blessing of the Box" in Seville earlier this month, I tried to ask Kelsey about the lack of federal oversight.

When she was offered the opportunity to comment on the safety of her baby boxes and the letter, she refused to answer any questions.

When she was offered the opportunity to comment on the safety of her baby boxes and the letter, she refused to answer any questions."

By: [Sarah Buduson](#)

Appendix: Print News on the Harms of Infant Abandonment Boxes

Hartford Courant

[Opinion](#) [Commentary](#) **SUBSCRIBER ONLY**

Opinion: A proposed CT law that would be harmful to infants and families

By [Lori Bruce](#)

February 19, 2025 at 5:46 AM EST

<https://www.courant.com/2025/02/19/opinion-a-proposed-ct-law-that-would-be-harmful-to-infants-and-families/>

Connecticut's [Raised Bill No. 1310](#) seeks to bring modern versions of the [medieval foundling wheel](#) to our state. These metal devices provide a means to “drop off” an infant when a parent is unsure they can care for the infant themselves.

I write as a bioethicist who has studied these devices, and related laws, for over 10 years. I laud the advocates of these devices for their wishes to protect vulnerable infants. Indeed, I share their wishes for a safe childhood for all children. However, these devices are [an ineffective policy response](#) which introduces many ethical, legal, and medical [problems](#).

One hundred co-signers of my November [open letter](#) to U.S. Department of Health and Human Services agree. My co-signers include pediatricians, adoption scholars, adoption advocates, ethicists, policymakers, and community members who do not wish to see this bill passed.

Our concerns are echoed by a statement from the Maryland chapter of the [American College of Obstetricians and Gynecologists](#) who emphasize “no research or clinical evidence of the safety or appropriateness” of these devices. Unlike bassinets and incubators, these devices are not considered medical devices so they have no regulatory oversight. A [healthy baby died last month](#) after being placed in an abandonment box and not having been found until days later.

We need policies that help to keep families together. We also need evidence-based policies that intervene earlier including accessible contraception, properly funded maternal and child health programs, affordable childcare, and [“supported \(confidential\) birth.”](#)

Additionally, while there's a perception that mothers who surrender their babies could not love them, relinquishing a child is an act filled with unrelenting grief. Nearly all women who surrender a child want to keep them. Lack of stable finances is the [main reason for relinquishment](#) in 80% of cases. Even enough money to cover the cost of a car seat can make the difference for some families so they could keep their child.

And since there's a patent on these devices, Connecticut would have to rent from the sole manufacturer. While well-intentioned, training videos from this manufacturer direct providers to never ask the mother if she would like to know about other options. However, in-hospital surrender would provide her with counseling and medical care. Temporary placement and kinship care can help her get back on their feet then regain custody of her child. Women and families have a right to know all their options – otherwise how can they choose options in line with their wishes and values?

Additionally, the manufacturer's marketing incorrectly tells at-risk parents that this option is "legal," but a woman must follow the letter of the law to be immune from prosecution. For example, the baby must be 30 days old or less. The baby must be negative for a toxicity screen. The mother can also be prosecuted if the child shows any signs of harm. Since these mothers tend to birth alone, outside a hospital, harms might be common. The boxes also fail to comply with the federal [Indian Child Welfare Act](#) requiring tribal children to stay within their communities. None of this information is shared on the box labels, placing mothers at legal risk. Boxes may facilitate human traffickers to offboard children of those they traffic.

Did you know that countries with a longer history of abandonment boxes have foundling museums filled with thousands of [handmade trinkets](#) carefully created by parents who would pin them to their child's clothes in their final moments together, in the hope of someday referencing them to identify or reclaim their child? We do not wish for a similar museum here in Connecticut. Children have a right to their identity and to live with their parents whenever it can be made safe and feasible.

Let's not support the narrative that these women are unworthy to raise their children. Let's work hard to repair trust. Let's also consider supported (or "confidential") birth, which allows a mother to deliver in a hospital with identity protection. This approach is proven to reduce unsafe abandonments and helps to keep families together because supported birth promotes informed consent, connects families to resources, and provides crisis counseling.

Opposition to SB-1310

I urge policymakers to reject Raised Bill No. 1310 and instead [provide support](#) to struggling families as discussed above, perhaps even through support for HB 6568 for confidential birth. Please join me in rejecting 1310 through written testimony.

Lori Bruce, D.Bioethics, HEC-C is a bioethicist at Yale University.

This op-ed will be published shortly:

Babies Don't Belong in Boxes: Reject Raised Bill No. 1310

Lori Bruce, D.Bioethics, HEC-C, Patrice Martin, PhD, Mark Mercurio, MA, MD

We are a bioethicist, an adoptee rights advocate, and a pediatrician writing to oppose Connecticut's [Raised Bill No. 1310](#), which proposes "abandonment boxes," modern versions of ancient [foundling wheels](#) to be installed in Connecticut hospitals. These boxes seek to provide a mother the ability to anonymously surrender an infant when she is unsure she can care for him or her.

These boxes represent good intentions. However, they are [ineffective](#) and introduce many unintended legal and medical [problems](#).

What are Abandonment Boxes?

Abandonment boxes are built into the exterior wall of a hospital or fire station. They have exterior doors for a mother to surrender her infant, and interior doors for staff to retrieve the infant. When an infant's toxicity screen is negative, they are adopted. When the screen is positive, they generally enter the foster care system.

The Many Problems with Foundling Wheels

First, the boxes are [unregulated](#), which can lead to infant harm or death. If their alarms, sensors, temperature controls, or internal cameras fail, the infant can die. This is not just a hypothetical. Just last month, a healthy baby in southern Italy was placed into an abandonment box. However, tragically, the provider was out of town, and no one was appointed to oversee the box in his absence. The baby [died in the box](#) after a few days.

When babies are placed into boxes, the mothers' needs go unaddressed. As discussed on [ABC News](#), one woman died of an overdose after placing her child into a box. While we do not know why she died, we know that relinquishment of a child is associated with depression and [unrelenting grief](#). Another baby was found dead in an abandonment box after a teen in Idaho gave birth alone, outside of a hospital. We clearly need "[upstream](#)" [policies](#) which support at-risk women before they give birth.

Further, other countries with a longer history with boxes know that the boxes do not reduce the rates of unsafe abandonment. This is even true in [Germany](#) where they have nearly 100 boxes (installed not in response to a rise in abandonment, but by advocates wishing to offer an alternative to face-to-face surrender). This could mean that even though boxes might be *used*, those mothers would have otherwise surrendered in-person. This means boxes could prevent mothers from potentially receiving post-birth medical care, crisis

counseling, and informed consent; proven care that helps mitigate mental and physical effects of child relinquishment.

Mothers.Want.to.Keep.Their.Babies

Nearly all women who surrender a child wish to keep them yet feel they may have no other option than to “drop them off.” Inadequate finances are the [main reason for relinquishment](#) in 80% of US cases. Even enough funds to cover [the cost of a car seat](#) can make the difference for some families so they could keep their child.

The.Boxes.Withhold.Informed.Consent

Training videos from the sole manufacturer (who holds a patent on the boxes) direct providers to [never ask the mother](#) if she would like to know about other options to provide support. The manufacturer’s contract disallows providers from [altering the signs](#) around the boxes to, for instance, inform at-risk parents of family preservation funds or in-person help at nearby hospitals. The signs also don’t disclose how the law rapidly terminates parental rights – so mothers face an uphill and often impossible battle to reclaim their child.

Resources;Not.Boxes

Women experiencing crisis pregnancies should be given resources, not encouragements to relinquish more children into the overburdened and problematic [child welfare system](#). Children have a right to their identity and to live with their parents whenever it can be made safe and feasible. We urge policymakers to reject [Raised Bill No. 1310](#). Please join us in rejecting this bill through [written testimony](#).

Lori Bruce, D.Bioethics, HEC-C is a bioethicist at Yale University and a member of Connecticut’s SSN. Patrice Martin is a child welfare advocate. Mark Mercurio is the Founding Director of the Yale Pediatric Ethics Program at Yale New Haven Children’s Hospital and former Chief of Neonatal-Perinatal Medicine at Yale. Views expressed are their own.

Appendix: Legislative Brief on Infant Abandonment Boxes

Presented to CT Legislators in December, 2024. See [this link](#) and screenshots below.

Crisis Pregnancy Policies in a Post-Dobbs Climate:
Infant Abandonment Devices & Confidential Birth

Committee Audience:
Children's & Public Health

Research Area:
Policy Responses to Crisis Pregnancies

Prepared By:

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Impact to Connecticut: In at least 13 states, birth rates are [rising](#).

Reproductive and maternity care for these populations has already spilled into several other states, including Connecticut. In 2024, there was a sharp [increase](#) in people coming to Connecticut for contraception and other reproductive care. People also visit Connecticut for crisis-pregnancy care. A small number of Massachusetts parents already [visit Connecticut](#) each year to surrender their infant under Safe Haven laws because Connecticut's law permits surrender 30 days post-birth; MA's limit is 7 days. If national [access to birth control](#) is curbed under the new federal administration, it would likely contribute to higher rates of unintended births and crisis pregnancies. Connecticut is not immune to national reproductive policy changes and is therefore likely to see rising numbers of births from crisis pregnancies, sometimes from out-of-state residents.

Overview: Policies most effective in addressing crisis pregnancies & infant abandonment include affordable & accessible options for contraception, prenatal care, and childcare, yet these are limited in many US states. We should therefore examine three other policies: abandonment boxes, face-to-face surrender, & [confidential birth](#).

Abandonment Boxes/Devices: Policymakers across the US are concerned about perceived or anticipated increases in crisis pregnancies and infant abandonment. While rates of abandonment are hard to track, some cities report [500% increases](#) from 2022 to 2024. In response, new state laws allow the rental of costly, unregulated infant abandonment devices. Also called "[baby boxes](#)," they are a high-tech version of the ancient foundling wheel, and a fast-track option to existing [Safe Haven](#) laws. They allow parents to deposit their infant into the device, often installed in fire stations or medical centers, and walk away. As articulated in a recent [open letter](#) to US Dept Health & Human Services by 100 clinicians & scholars, the devices pose serious legal and medical risks, including a lack of informed consent, risks of malfunction (as they are unregulated), and co-opting roles of Child & Family Services. [Two deaths](#) have been associated with these devices over the last 9 months. The devices are not labeled, "You have choices." Instead, training from the device manufacturer [discourages providers](#) from discussing options with at-risk parents.

Do Abandonment Devices Decrease Unsafe Abandonment?

- *No evidence* supports their efficacy. [Analysis](#) from countries with a longer history of abandonment devices finds **they do not reduce the rates of unsafe abandonments or infanticides**.¹ While the devices may be used, those parents would have otherwise participated in a face-to-face surrender. The devices therefore likely *redirect parents from options that would otherwise safeguard their health & promote informed consent*.

Face-to-face surrender, through CT's existing Safe Haven law, *potentially* supports crisis counseling & informed consent. When parents learn about other options (e.g., temporary placement, kinship care, adoption, & assistance for family preservation), some choose one of these other options. The main reason for parental relinquishment (including to adoption) is due to financial difficulties, and "even just enough for a [car seat](#)" would have been enough to keep many families together. Relinquishment causes unabated grief in parents. Face-to-face surrender & boxes have a *major flaw*: only provide a location to receive the infant; they do not provide *the means* to safely deliver the child. This is despite common knowledge that these parents usually give birth alone, outside a hospital.

Confidential Birth safeguards the health of the parent & infant by permitting a parent to give birth in a hospital without providing their name. It provides crisis counseling & informed consent. No US hospitals are known to have an official confidential birth policy, but it is similar to existing policies (e.g., policies for survivors of violence & sexual assault).

	Confidential Birth	Abandonment Devices ("Baby Boxes")	In-Person Surrender (existing Safe Haven law)
Reduces infant abandonment?	Yes	Possibly, but unlikely	Yes
Ethical approach to a birth in crisis?	Yes	No	No
Safeguards health of the birthing person?	Yes	No	No
Safeguards infant health?	Yes	Only in part	Only in part
Promotes informed consent?	Yes	No	Partially

Key Policy Takeaways: Infant abandonment devices are unregulated, costly, and likely ineffective in reducing infant abandonment. They increase medical and legal risks and likely increase family separation. Confidential birth is a tested, effective, and empathic policy response to crisis pregnancies and infant abandonment. [Connecticut should sponsor a bill in support of confidential birth](#). Any policy is dependent on public awareness campaigns so that at-risk populations are aware of their choices.

¹ There will always be a certain number of infanticides; parents who commit infanticide are exceedingly unlikely to have the psychological ability to use an abandonment box ([Rohde 2008](#)). In rare circumstances, boxes may be better for parents (e.g., Safe Haven laws in states like [Virginia](#) don't provide legal immunity to parents; these parents may prefer anonymity of a box to reduce legal risks & costs, despite increased medical risks).

Appendix:

Responses to Parents in Crisis: Unintended Consequences of Infant Abandonment Laws

Wednesday, February 5, 2025

Lori Bruce, DBE, MA, HEC-C

Please [click here](#) for 30-minute lecture.

LOYOLA BIOETHICS

Live!

Policy Responses to Parents in Crisis: Unintended Consequences of Infant Abandonment Laws

Lori Bruce MA, D.Bioethics, HEC-C


Assoc. Director, Interdisciplinary Center for Bioethics, Yale University
Chair, Community Bioethics Forum, Yale School of Medicine
Affiliated Faculty, Solomon Center for Health Law & Policy, Yale Law School
Key Researcher, Oxford-NUS Centre for Neuroethics and Society
Lori.Bruce@Yale.edu

February 5, 2025

Excerpts include:

NO EVIDENCE TO SUGGEST THEIR EFFICACY

- Baby box surrenders had **no impact on #s** of infanticides or unsafe abandonments
- **People prefer face-to-face** surrender over baby boxes

A map showing Germany in green and Austria in blue. The map is positioned to the right of the text excerpt.

US DATA

- US parents also *prefer face-to-face* surrender over baby boxes
- Face-to-face surrender → 13% reduction in infant homicide
- 200 **annual** face-to-face surrenders since 2006
- \$119,047 per baby box save
- No evidence that these parents wouldn't have used SH

US Data	2024	Total
Face-to-face surrenders	98	4,972 <i>(since 2006)</i>
Unsafe abandonments	40, including 26 decrease	1,723, including 976 decreased <i>*since 2006</i>
Baby boxes	14	52 <i>(since 2016)</i>

WHEN PARENTS LEARN OF OTHER OPTIONS

- Some do change their mind
- Many do wish to keep their baby

CONFIDENTIAL BIRTH – PROTECTING THE PARENT’S IDENTITY DURING LABOR & DELIVERY

- Identity protection provides parents with a safe means to deliver when they feel they cannot reveal their identity

In Nine Countries:
 France, Austria,
 Italy, Belgium,
 Germany, The
 Netherlands, Czech
 Republic,
 Japan, & South Korea

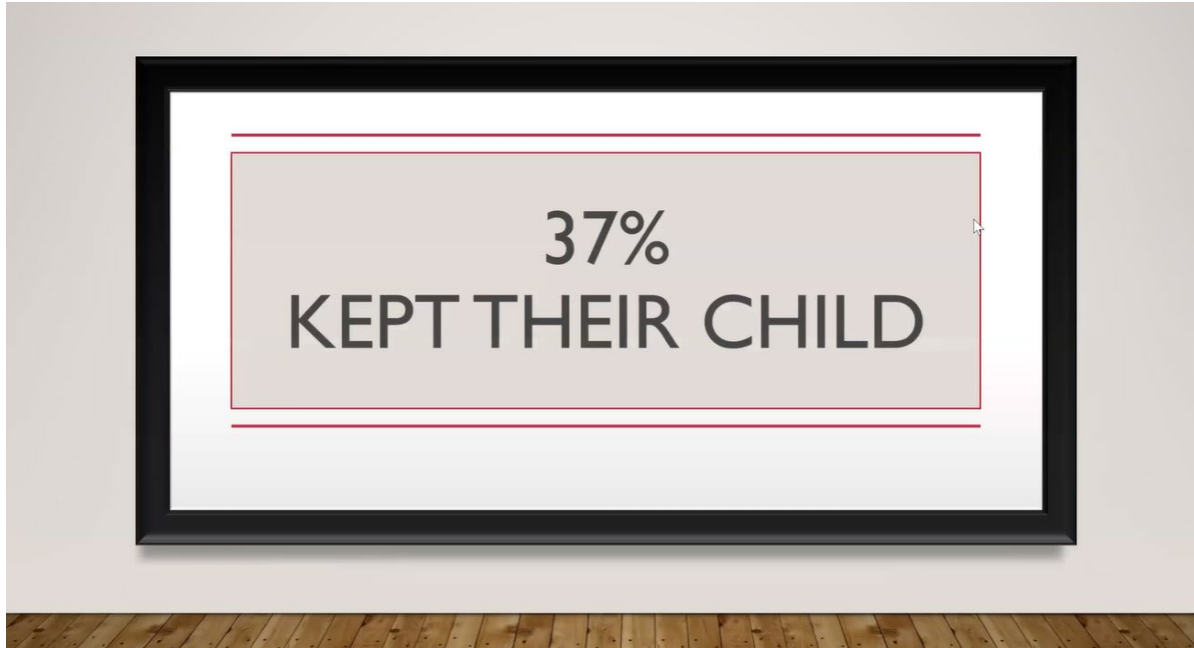


IMPACT OF CONFIDENTIAL BIRTH

- ✓ Decreases rate of infanticides & unsafe abandonments
- ✓ Provides medical care & emotional support to birthing parents
- ✓ Provides informed consent
 - ✓ Clinicians can discuss other options (family preservation, kinship care, temp placement, open/closed adoptions)
- ✓ Can improve outcomes for both birth parent & child
- ✓ Can keep families together

CONFIDENTIAL BIRTH IN JAPAN

- Harsh social & economic realities for single mothers in Japan
- CB is new to Japan
- 38 cases in first 3 years
- 14 decided to keep their baby
- Comfort, care, informed consent



CONFIDENTIAL BIRTH IN OTHER COUNTRIES

- In **Austria**, unsafe abandonment & infanticide rates dropped significantly after CB
 - “significant decrease in # of police-reported neonaticides... after the implementation of anonymous delivery.”

Appendix: Academic Literature

Infanticide & Infant Abandonment: New Directions in US Law & Policy

Please see this [recent article](#) in the journal, Pediatrics.

PEDIATRICS' PERSPECTIVES

Infanticide and Infant Abandonment: New Directions in US Law and Policy

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The essence of the pediatrician's role includes safeguarding the health and welfare of all newborns. Thus, the pediatric profession is rightly concerned with infanticide, defined as homicide during the first year of life, and with infant abandonment, or unsafe desertion. As such, the pediatric community should be aware of, and invested in, efforts to reduce or eliminate these tragedies. This commentary provides a brief overview of relevant data and preventive measures, including the relatively recent emergence of infant abandonment devices (IADs) and the availability of confidential birth within hospitals. Conditions on the ground, and the legal landscape, are in flux in the United States. We invite pediatricians to participate in shaping the preventive measures being used, and those being discussed in state legislatures.

BACKGROUND

Starting in 1999, state legislators passed bipartisan Safe Haven infant surrender laws. These laws facilitate face-to-face confidential surrenders to give parents a legal means of

relinquishing an infant, usually in a medical setting, when they are unable to keep their infant. Between 1999 and 2022, 1639 infants were identified as illegally abandoned, of which 934 were deceased.¹ State legislators have recently passed (or are considering) amendments to their Safe Haven laws out of concern that parents in crisis may increasingly abandon their infants.² Although final tallies of 2023 and 2024 abandonments are not yet available, news media have reported increases across the country, including Houston's 500% increase in abandonments from 2022 to 2024.³ Current amendments to Safe Haven laws further fast-track surrenders through the anonymized use of IADs, available in the United States since 2016 (Figure 1).⁴ IADs are a high-tech reinvention of medieval foundling wheels. IADs are metal receptacles built into exterior walls of fire stations and medical centers. They are equipped with alarms, video monitoring, and temperature controls, with exterior doors for a parent to surrender an infant, and interior doors for staff to retrieve the infant (Figure 2). IADs cost approximately \$20 000 each for installation fees and a 5-year rental term. Some IADs are funded by local advocates, and others are funded through nonprofits or state grants. Despite their role in safeguarding an infant's life, and despite containing a mattress pad and bassinet, IADs are not regulated by a governmental authority. They are thus not subject to the kind of oversight the US Food and Drug Administration applies to bassinets and incubators used in maternity wards, both of which are classified as medical devices.

BENEFITS AND DRAWBACKS

Infant abandonment devices offer some benefits. By notifying health care workers to the child's presence and keeping the infant safe until help arrives, their alert systems offer improved safety over abandonment in other public places. Their increased privacy over other legal options may be preferred by some individuals overwhelmed by a hidden pregnancy. The IAD manufacturer also provides a hotline and information packet, which parents can use to learn about the relinquishment process.

Infant abandonment devices represent a laudable effort on the part of legislators to protect vulnerable infants. However, over the past year, 2 deaths have been associated with IADs.⁴ In 1 case, a mother overdosed and died hours after placing her infant into an IAD. In another case, a teenager gave birth alone and attempted several times to breastfeed.⁵ Within hours after the delivery, she drove to the nearest IAD and placed the infant, with the attached placenta, into the device. However, when retrieved, the infant was deemed to have been deceased hours prior. These 2 deaths are notable because IADs are only beginning to be put to use, with 52 IAD surrenders to date. Although IADs provide a place to confidentially surrender the infant, the law does not provide a confidential means to deliver the child. These parents often give birth alone, without medical care, because delivering in

a hospital requires patients to disclose their identity. Importantly, Safe Haven laws require the infant to be unharmed. Some laws also require relinquishment within 72 hours after delivery, which may pose a logistical challenge after an unattended birth. Thus, IADs provide an incomplete response to the challenges facing at-risk individuals. Nearly 100 physicians, child welfare experts, and policymakers recently raised additional concerns.⁴ These concerns include risks to an infant's health if an IAD's alert and control systems malfunction, inadequate informed consent, noncompliance with the Indian Child Welfare Act that upholds a relinquished child's right to be raised by a member of their tribe, the potential concealment of crimes, the denial of adoptees' rights to their identity and family medical history, and a lack of regulatory oversight. These concerns highlight how IADs may be equivalent to unsafe abandonment in some ways (eg, unregulated alarms which may not safeguard the infant). The Maryland Section of the American College of Obstetricians and Gynecologists also recommended a halt to IADs given "no research or clinical evidence of [their] safety or appropriateness."⁶ Some legislators agree. Maine and Ohio have disabled or delayed installation of some IADs pending meaningful oversight, whereas other states including Nebraska and Michigan declined IADs because of safety concerns.²

COMPLEMENTARY POLICIES AND PRACTICES

Some actions could be taken to reduce unintended consequences. These include public awareness campaigns about alternatives, including temporary placement, which appoints a caregiver while the parent works toward regaining custody. Upstream interventions should also be considered, particularly confidential birth. Confidential birth provides the means to safely deliver the child; it enables a pregnant person to give birth in a hospital without having to disclose their name. And, as summarized in a recent legislative report, it has been associated with reduced rates of abandonment and infanticide in other countries and improving the health of the parent and the child.² Some confidential birth policies offer identity-protected counseling and the option for birth parents to provide a family health history that the child may open when they turn 16. Some countries permit a birth parent to reclaim their child a few months after surrender.² Although no US hospitals are known to have a confidential birth policy at present, this could prove to be a valuable option, and there are parallels with existing hospital services. "Jane Doe" policies already facilitate care for unidentified patients. Hospitals also provide confidential care to sexual assault survivors. Confidential birth could be particularly valuable for pediatric patients giving birth following rape and incest.

CONCLUSIONS

We applaud legislators' efforts to protect society's most vulnerable babies. With improved oversight and regulation, IADs may be a pragmatic policy response. They should not,

however, be perceived by pregnant patients at risk for unsafe infant abandonment or infanticide as their primary, or only, option. IADs are best used as a complement to other approaches that occur, or could occur, within a medical setting. Pediatricians could and should help affect approaches, such as confidential birth, through advocacy with legislatures and hospitals. Moreover, physicians (pediatricians, obstetricians, and others) are well positioned to help at-risk individuals gain awareness of the support services available to them. And, through public advocacy, pediatricians have an opportunity to influence the laws being drafted, and the manner in which these laws are operationalized. In so doing, pediatricians could help safeguard their patients, both infants and adolescents at risk, consistent with their core mission.

The US Needs Confidential (“Supported”) Birth

Lori Bruce, MA, D.Bioethics, HEC-C

13th January 2025

<https://bioethicstoday.org/blog/the-us-needs-confidential-birth/>

The coin was severed into two pieces, each with a puncture hole. The parents threaded string through one of the halves and pinned it to the infant’s clothes as they surrendered her to the foundling hospital. They kept the other half of the coin in the hopes they could use it one day as evidence to reclaim her.

This trinket – and others like it – is [on display](#) at the [London Foundling Museum](#). Since medieval times, parents unwilling or unable to raise their infants (most often due to financial strain or intolerable social conditions) surrendered them to churches or hospitals. Relinquishment was such a common practice that in Italy alone, [hundreds of thousands](#) were brought to foundling centers between the 15th and 20th centuries. Gretchen Sisson, an adoption scholar, [writes](#) of the profound grief experienced by relinquishing parents. This is evidenced by other artifacts in foundling museums – from carefully embroidered textile hearts to engraved blessing cards – and counters the mistaken narrative that at-risk individuals lack the moral fortitude to raise their children.

Laws are Failing At-Risk Populations

In the US today, Safe Haven laws provide a [location](#) for parents to confidentially surrender an infant when they are unable to care for them. These laws claim to offer immunity from prosecution but parents must meet certain (sometimes stringent) [criteria](#). And while Safe Haven offers a *location* to surrender, such as a fire station, laws do not offer safe, confidential labor and delivery. [This gap](#) exists despite awareness of how this population consistently births alone – with no medical support – due to parents’ need for identity protection. These babies therefore present with attached placentas or hand-cut umbilical cords, and the parents are at-risk for hemorrhage, infection, and long-term trauma.

Who Needs Confidentiality?

Homicide is a [leading cause of death](#) for pregnant women, with stark racial disparities; Black pregnant women are [three times](#) as likely to be killed by their partner than white or Hispanic women. Some therefore require confidentiality during labor and delivery because they are at risk of violence if the pregnancy or birth is revealed.

Some need confidentiality because their pregnancy is a result of trafficking, sexual assault, or incest. Some [minors](#) hide their pregnancy, fearful of being shunned by their parents. Some are undocumented and [fear deportation](#) or judgment within the hospital. Some have other children and are already struggling to make ends meet.

Whatever the reason, their lives matter. As birth rates rise in Dobbs-impacted states, and some cities see [500% increases](#) in infant abandonments, it’s well past time to provide necessary and compassionate care.

What is Confidential Birth?

Confidential birth means a pregnant person can have a safe place to give birth, at a hospital or birthing center, while under identity protection. While admitted, they can receive crisis support to help address their anxieties and challenges. They can also be apprised of all placement options for their child so they can choose the best option. As evidenced by 100 co-signatories to last month's [open letter](#) to US Department of Health and Human Services, confidential birth is urged by child welfare and maternal health scholars, clinicians, policymakers, indigenous leaders, and concerned citizens from across the US.

Confidential Birth is Logistically Viable

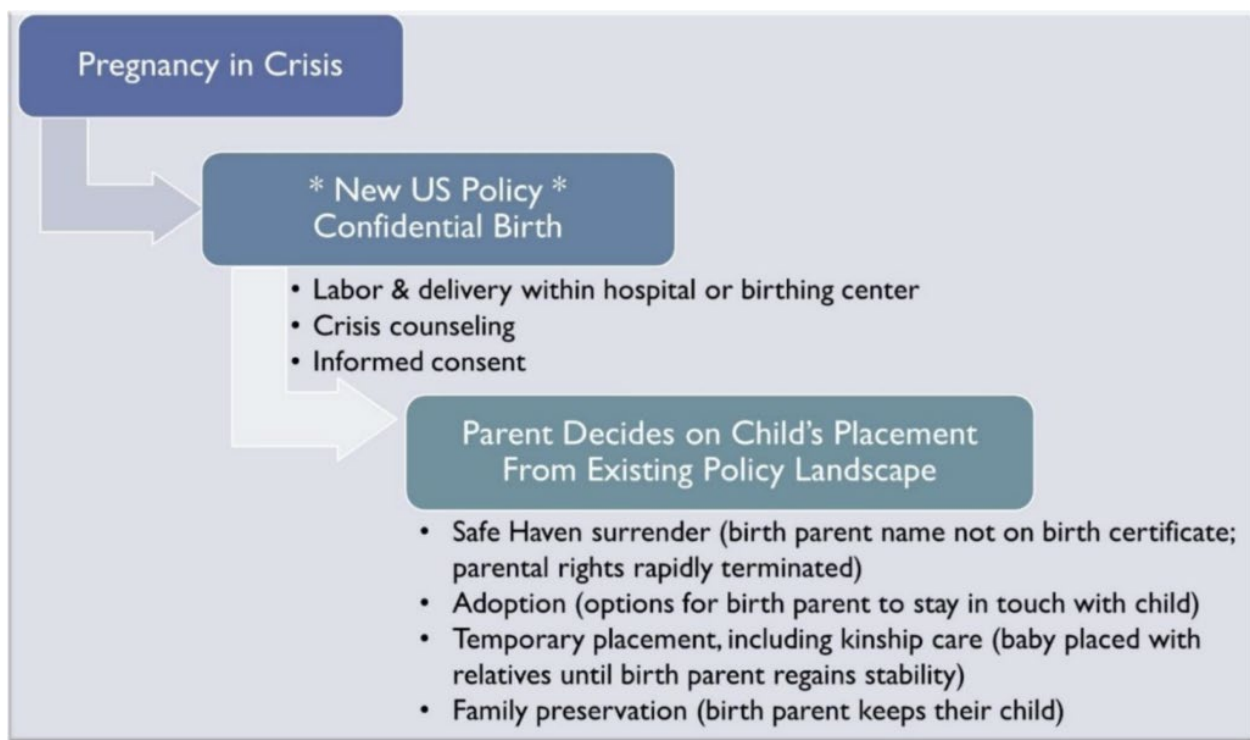
It may seem that confidential birth is too complicated within US medicine. However, confidential birth is quite similar to policies already in offered in most, if not all, hospitals. The [University of Texas Medical Branch](#), [Hartford Hospital](#), [Harbor-UCLA Medical Center](#), and others have patient confidentiality policies permitting a patient to protect their identity. The policies facilitate a temporary name change to a patient chart so that a patient can use a fictitious name during a hospital stay. These policies have been used for celebrities, gang members, and others needing privacy. Most hospitals and birthing centers have similar policies for survivors of intimate partner violence and sexual assault which also allow sensitive hospital records to be hidden, with commonsense exceptions for time-sensitive medical emergencies. Some states ensure patients can [disallow Explanation of Benefit](#) statements from being sent to the policyholder. This is essential when an adolescent or spouse needs medical care as an incest victim or after an assault but cannot disclose the hospital visit to their spouse or parent.

Confidential birth can piggyback off these policies to similarly ensure identity protection. At-risk people are often fearful of the medical system – and may also be exhausted and overwhelmed – and cannot be expected to research hospital confidentiality options and bring a proposal for confidential birth to a hospital. Therefore, confidential birth must be “packaged” and offered as a formal policy to ensure physicians and patients are aware of its existence and benefits.

What Might Surprise You: Confidential Birth Sometimes Promotes Family Preservation

Once they receive crisis counseling, some birthing people reconnect with their family to consider ways to keep the infant. Others struggle with substance abuse and may wish to temporarily place their child with a relative (through kinship care), or another family (through temporary placement) while they work to regain stability to reclaim their child. Sisson's research has revealed that many parents surrender due to financial pressure, and that even \$1,000 – or enough for a [car seat](#) – could make the difference. These individuals benefit from learning about social services including family preservation funds. Others do not wish to parent and may elect adoption or Safe Haven surrender which offers identity protection.

State laws offer all these options, but they are rarely known to parents who may otherwise assume they have no choice but to relinquish through Safe Haven which rapidly terminates their parental rights. Confidential birth would address this knowledge gap.



We can Learn from Current Policies

Confidential birth has been [available](#) for over 200 years. Today, it is in France, Austria, Italy, Belgium, Germany, The Netherlands, the Czech Republic, Japan, and South Korea with varying benefits and drawbacks.

One Japanese hospital has offered confidential birth since 2021. In that time, they have had 38 cases, and of those, 37% kept their child, likely attributable to crisis counseling and informed consent.

France’s “anonymous birth” law received criticism from the UN and adoptee advocates since it did not counsel parents on the benefits to children to know their identity. France has changed its policy somewhat, including ways for the parent to optionally disclose health history and identity when the child reaches age 12.

A Call to Action

Will your US hospital be the first to offer a confidential birth policy? I challenge you to consider it. Even when hospitals don’t have a formal policy, you can utilize policies discussed earlier for identity protection. And with policymaker help, we can update crisis services (e.g., 211, EMS, and mobile crisis response services) to be aware of – and integrate – confidential birth. We should also press insurance companies to safeguard patient identities and consider legislation to ensure minimum standards and awareness. Please join me – along with adoptee, family, and reproductive health advocates – to support confidential birth.

Lori Bruce, MA, D.Bioethics, HEC-C is the Associate Director at Yale Interdisciplinary Center for Bioethics. She can be reached on [LinkedIn](#). Views expressed are her own.

Appendix: Open Letter to US Dept Health & Human Services on the Harms and Unintended Consequences of Infant Abandonment Devices

Deaths Associated with Unregulated Infant Abandonment Boxes Call for HHS Action: An Open Letter to HHS Leadership about Policy Responses to Crisis Pregnancies

November 2024

To: Secretary Xavier Becerra, US Health and Human Services

Cc: Dr. Lori Moore-Merrell, Administrator, US Fire Administration

Dr. Robert M. Califf, Commissioner of Food and Drugs

Re: Deaths Associated with Unregulated Infant Abandonment Boxes Call for HHS Action

Dear Secretary Becerra,

Thank you for your dedicated service to children and families across the United States.

We are writing as concerned child welfare and maternal health scholars, clinicians, legislators & policymakers, educators, advocates, indigenous leaders, and concerned citizens - from across the US - to request increased HHS involvement in public health policy responses to crisis pregnancies. Specifically, we seek your oversight of a rapidly expanding network of unregulated devices under your purview.

These devices—infant abandonment boxes—are unregulated modern versions of medieval foundling wheels with substantial safety and legal risks. The first US box was installed in [2016](#). Installation efforts have been especially substantial over the past two years. The US has recently installed [over 280 of these infant abandonment boxes](#) in medical centers and fire stations across the country, with new boxes rolling out each week.

What is an Infant Abandonment Box?

Infant abandonment boxes are black metal receptacles built into exterior walls of fire stations and medical centers. They are equipped with alarms, video monitoring, and temperature controls, with exterior doors for a parent to surrender an infant, and interior doors for staff to retrieve the infant. Designed to expedite anonymous infant surrender, the boxes are mostly produced and marketed by a [single manufacturer](#) and they cost \$20,000 each for installation fees and a 5-year rental term. Some boxes are funded by local

Despite birth rates dropping across most of the US, birth rates are [rising](#) in thirteen US states. Concerned that parents in crisis may increasingly abandon their infants or commit infanticide, state legislators in 25 states recently [expanded](#) their safe haven infant surrender laws to permit the use of infant abandonment boxes. Similar legislative efforts are underway in several other states.

While safe haven surrenders traditionally occur through a face-to-face encounter with a nurse or EMS worker, infant abandonment boxes require no personal interaction and thereby curtail crisis counseling and medical care. This lack of contact with medical professionals is of particular concern because individuals most at-risk for this type of infant abandonment are known by experts to be less likely to receive prenatal care and medical assistance during childbirth.

We applaud advocates' and legislators' efforts to reduce unsafe abandonments and infanticides and are heartened to see increased public interest in protecting our society's most vulnerable babies. As implemented, however, infant abandonment boxes may fail to meet the needs and wishes of the target population. In the absence of improved oversight, these devices introduce several risks and dangers to infant and maternal health and are fraught with unintended harms and negative consequences of which state lawmakers may be largely unaware.

Two Associated Deaths in 2024

Over the past eight months, the use of these boxes has seen [two associated deaths](#). On October 13, 2024, a [deceased infant](#), with attached placenta, was placed into an infant abandonment box in Idaho. In March, a mother [overdosed and died](#) hours after having placed her infant into an infant abandonment box. These two deaths are especially notable since boxes are only beginning to be put to use, with only 53 surrenders to date.

These two deaths point to the need for [earlier intervention](#) and crisis counseling.

Harms and Unintended Consequences

The unregulated use of infant abandonment boxes poses a wide range of harms and unintended consequences to both babies and parents faced with crisis pregnancies.

1. [Pediatric Safety Concerns](#)

Adoptee rights groups and the Maryland Section of the American College of Obstetricians and Gynecologists recommend [a halt](#) to infant abandonment boxes given “no research or clinical evidence of [their] safety or appropriateness.”

The main box manufacturer, Safe Haven Baby Boxes (SHBB), [states](#), “The [FDA has](#)

[determined](#) that the Safe Haven Baby Box does not qualify as a medical device and, therefore, does not require FDA approval. Because our baby boxes are not commercially for sale, they do not require CSPC regulation.” SHBB has declined to pursue Underwriters Laboratories (UL) listing.

The infant’s health is reliant upon the device’s heating and cooling elements, and their retrieval from the device is contingent upon alarms and video streams. Reliability concerns are compounded by some locations that lack 24/7 onsite staff, slowing response times. For example, first responders at some fire stations may learn of an infant’s arrival through a mobile alert while out responding to a call. The anonymity of infant abandonment boxes also precludes awareness of the child’s medical history, which complicates treatment decisions for infants who may need timely medical care.

Recognizing the need for safeguards, [Maine](#) and [Ohio](#) have disabled or stalled installation of infant abandonment boxes pending meaningful oversight. Other states including [Nebraska](#), and [Michigan](#) have declined infant abandonment boxes due to safety concerns, but advocates continue to press for boxes in all states, as reflected in annual state bills and marketing communications. Child welfare advocates in many states have voiced opposition but have failed to stop the rollout of infant abandonment boxes. Additional state-specific information is summarized [here](#).

2. Removing Child Protective Services (CPS) Oversight

Infant abandonment boxes are quietly assuming roles traditionally played by medical and child welfare professionals. At the moment of relinquishment, infant abandonment boxes stand in the role previously assumed by a trained medical professional. After the surrender, fire station staff in some jurisdictions are empowered to forgo CPS notification of received infants and transfer the infant directly to a private adoption agency of their choice. Omitting CPS limits access to services and eliminates the tracking of long-term outcomes that could otherwise improve future policy and care.

3. Informed Consent

At-risk families should be supported to make decisions resonant with their values, needs, and preferences, a process which requires the availability of communication about alternatives. However, widespread marketing of boxes decreases understanding of other options. Individuals may be disproportionately compelled to use infant abandonment boxes despite their risks and challenges, resulting in undue

increases in family separation. Infant abandonment boxes may indeed be a worthy policy response, but they should not be perceived by Americans as their primary, or only, option.

- a. Marketing of infant abandonment boxes, on social media and billboards, is widespread but largely fails to mention alternatives to boxes, which include temporary placement, adoption, kinship care, and family preservation funds.
- b. Signage on the infant abandonment boxes also fails to inform parents of alternatives and omits mention of terms required of surrendering parents to protect them from prosecution (e.g., the infant must meet state-specific age requirements and cannot show signs of harm, such as a positive toxicity screen).
- c. Signage also fails to disclose how infant abandonment laws rapidly terminate birth parents' rights, which works against reunification.
- d. Parents have the right to understand all options available to them, yet training from the main box manufacturer (SHBB) [discourages any discussion with parents about alternatives](#) to anonymous surrender.

4. Indian Child Welfare Act

Several tribes have publicly objected to the use of infant abandonment boxes since they circumvent provisions within the Indian Child Welfare Act that preserve a child's right to tribal membership and cultural heritage.

5. Rights of the Child to their Identity

All infants left in infant abandonment boxes are denied the possibility of emotional and social benefits of an ongoing connection to a birth parent or an adoption within their extended family—options with demonstrated long-term benefits. They are also denied information about their family's medical history, which can be gathered during traditional in-person surrenders.

6. Crime Concealment

Some scholars and legislators, including [Nebraska Senator Carol Blood](#), have raised concerns that infant abandonment boxes “could unknowingly provide concealment [of] crimes such as rape, incest or human trafficking.”

7. Lessons Learned from Other Countries' Use of Infant Abandonment Boxes

Most countries have reduced or phased out infant abandonment boxes due to the United Nations' stance safeguarding a child's rights to their identity - and based on fear of misuse (e.g., toddlers placed into infant abandonment boxes). Many countries prefer known approaches to reduce abandonment and infanticide,

including accessible contraception and confidential hospital births (discussed below). Countries that continue to use boxes do not rely on them as their primary policy but use them in addition to the policies mentioned above.

8. Contract Terms from Main Manufacturer

SHBB contracts have terms that limit the roles of public service providers. SHBB contracts specify they have control over public signage on the boxes, which impedes informed consent. Contracts also specify that SHBB has first rights to hold press conferences to announce the arrival of any infant to the box instead of permitting the local jurisdiction to control public messaging.

9. Support Services & Crisis Hotlines

People experiencing crisis pregnancies face challenges acquiring timely and comprehensive information to guide their decision-making. The landscape could benefit from an expansion of crisis pregnancy support services through HHS' National Maternal Mental Health Hotline. In order for at-risk communities to know about HSS' hotline, a robust public service campaign is requisite.

Specific Requests to HHS

We call on your office for two actions.

#1 - HHS Oversight of Infant Abandonment Boxes

First, we ask that HHS act as quickly as possible to **specify guidance on how these boxes are manufactured, installed, maintained, and marketed**. As part of this effort, we ask the FDA to reconsider whether these boxes qualify as a medical device (and thereby require FDA approval).

#2 - HHS Endorsement of Confidential Birth Policies within Hospitals

It is widely known that the parents who are at risk of infant abandonment are in crisis, usually giving birth alone and without medical care. State legislators often perceive that these parents would otherwise unsafely abandon their child (e.g., in a dumpster) or commit infanticide. Mothers who intentionally kill their children, however, are extremely rare and in need of different kinds of interventions than parents experiencing other, more frequently occurring, types of crisis pregnancies.

Rather, the people contemplating the use of boxes as a last resort would benefit from greater awareness of alternatives, crisis counseling and medical support. Many are not averse to face-to-face encounters. Tragically, these parents often wish they could keep their child, but have no knowledge of the many alternatives and support services available

to them. This information vacuum is especially true in places where infant abandonment boxes exist, as their substantial marketing efforts seem to be crowding out public communications about alternatives.

It is known that many people who initially request Safe Haven surrender keep their babies when they learn about alternatives and support services.

Recognizing that infant abandonment boxes are an incomplete policy solution to rising numbers of crisis pregnancies, **we ask that HHS endorse another policy, more effective than boxes at addressing the needs of these at-risk parents and their children: confidential birth.**

“Confidential birth” means offering at-risk pregnant people the option to give birth in a hospital (or birthing center) without having to disclose their name. This practice provides medical care and emotional safety for parents who would otherwise birth alone, affords a chance for crisis counseling and informed decision-making, and especially benefits pediatric patients giving birth following rape or incest.

US hospitals already have “Jane Doe” policies for survivors of domestic abuse and sexual assault—and for celebrities who desire anonymity while seeking medical care. If US hospitals can provide confidential care to our nation’s celebrities, we can certainly extend this service to pregnant people in crisis. Confidential birth has been offered in European and Asian countries for many decades, offering a model for a US implementation.

Data demonstrate that parents who initially request safe haven infant surrender and are then made aware of limited financial support services tend to keep their children. Additionally, a [recent study](#) by Gretchen Sission identified financial pressures—not shame or a lack of moral fitness—as the main predictor of 80% of all relinquishments. Sission found that a few thousand dollars—or even funds for a car seat—would have been enough to help many families stay together. Sission further stated that many parents who relinquish feel coerced into their decision, experience unabated grief, and prefer to keep their children.

During confidential birth, parents can learn from clinicians and social workers about the many alternatives currently available to keep families together, including kinship care, temporary placement, and funds to support family preservation. They could also learn about the benefits and disadvantages of open and closed adoption and Safe Haven surrender, the latter of which rapidly terminates parental authority with little chance of regaining parental rights in the future.

We are supportive of all stakeholders’ interests in reducing unsafe abandonment and infanticide, and with proper oversight, boxes could contribute to a broader policy response

while upholding informed consent, health and safety of pregnant people and their infants, tribal rights, and family preservation. But, as presently used, these devices may well be doing more harm than good.

Our voices add to the [growing list of interested parties](#) expressing concern about these boxes. We urge you to please place oversight over these boxes and help hospitals offer confidential birth services. We are available to meet with your office anytime to discuss these issues.

Sincerely,

Main.Signatories;

Lori Bruce, Doctorate in Bioethics, HEC-C, Yale University;

Clara Lewis, PhD, Dartmouth College;

Mark Mercurio, MD, MA, Yale University School of Medicine

Additional.Signatories.[\(updated periodically\)](#);

Nebraska State Senator Carol Blood

Commissioner Diana Finegan, Citrus County Florida (continued.next.pages•)

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Dawn Geras, Executive Chairperson, Save Abandoned Babies Foundation

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Faith Fletcher, Baylor College of Medicine Center for Medical Ethics and Health Policy

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Erin Paquette, Ann & Robert H. Lurie Children's Hospital of Chicago, Northwestern University Feinberg School of Medicine

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Ari Silver-Isenstadt

Helen Winston, Public Defender in Nebraska

Eric Miller

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Paul David, MD

Emma McDonald Kennedy, Villanova University

Danielle M. Pacia, The Hastings Center

Anna Hadfield, Yale New Haven Hospital

Elaine Morgan MD

Charity Fox, PhD Dickinson College

Additional Concerned Parties

This is a partial list of concerned medical associations, groups, and individuals who have recently raised concerns about ethics and safety risks of infant abandonment boxes.

Adoptee Rights Law Center

[American College of Obstetricians and Gynecologists](#) (Maryland chapter)

[United Nations](#) Committee on the Rights of the Child

[Rick Snyder](#), Governor of Michigan

Adoption Search Resource Connection

New York Adoptee Rights Coalition

Texas Adoptee Rights Coalition

Florida Senator Lauren Book

Nebraska Senator Carol Blood

Nebraska Senator Justin Wayne, head of Nebraska Legislature's Judiciary Committee

Kansas Rep. John Carmichael

Maine Rep. Matt Moonen

Diana Finegan, Citrus County, FL Commissioner

former Indiana Senator Jean Breaux

Florida Adoption Council (affiliate of Am. Acad. Adoption & Assisted Reproduction Attorneys)

Nicole M. Homer, Ho-Chunk Nation, Legislative Attorney

Bastard Nation, Adoptee Rights Organization

Joel Gordon, A Safe Haven for Newborns spokesperson and deputy chief in Fort Lauderdale fire department

Missouri Ward Alderwoman Anne Schweitzer

Omaha Senator Justin Wayne

Opposition to SB-1310

[Jack Lessenberry](#), Michigan Radio's Senior Political Analyst

Stop Baby Boxes (an adoptee-centered, non-partisan advocacy group)

Equal Access Oklahoma

Colorado Organization for Latina Opportunity and Reproductive Rights

Adoption Search Resource Connection

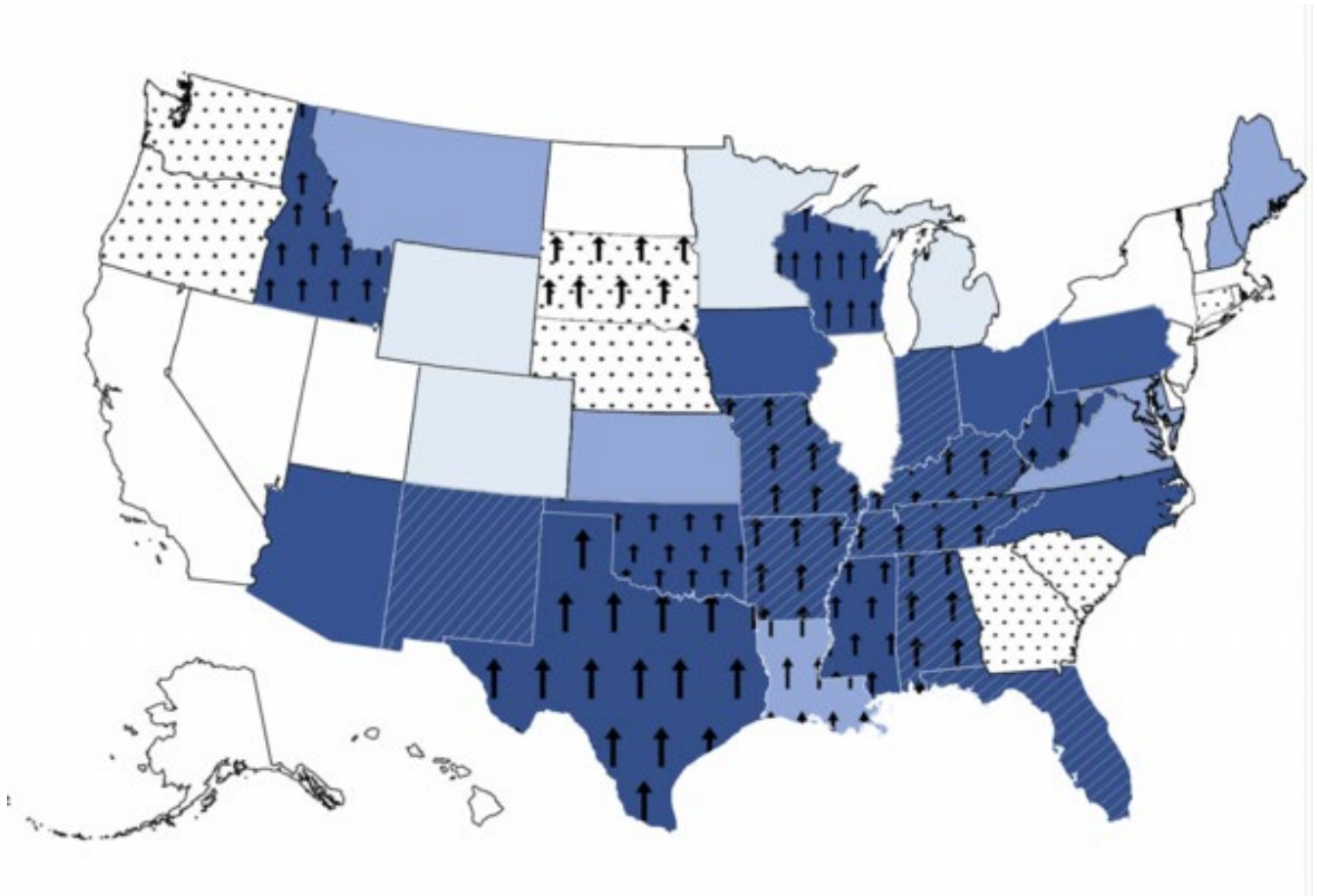
Coalition for Truth and Transparency in Adoption

Rev. Ronald Nydam PhD, counselor to adult adoptees in Colorado







David B. Bohl, MA, Clinical Substance Abuse Counselor (CSAC) in Colorado

Appendix:

Map of Infant Abandonment Devices in the US



Legend

-  Infant abandonment device(s) installed
-  Infant abandonment device billed passed, but none installed
-  Infant abandonment device bill proposed & failed in 2024
-  Infant abandonment device bill anticipated in 2025/activism underway
-  Rising birth rates
-  Infant(s) received to infant abandonment device

Appendix: US State Laws on Abandonment Devices

Source: https://bioethics.yale.edu/infant_abandonment

Please see the link above for a summary of the presence and usage of infant abandonment boxes, recent legislative efforts, and rising birth rates across the US.

Last Updated December 2024.

Links to US State Safe Haven Laws Permitting Abandonment Devices

[1] Dench D, Pineda-Torres M, Myers C. The effects of post-Dobbs abortion bans on fertility. *Journal of Public Economics*. 2024;234:105124. doi:10.1016/j.jpubeco.2024.105124

[2] Relating to the surrender of infants, HR, 473, AL State Legislature, 2023. <https://legiscan.com/AL/text/HB473/id/2822288>

[3] Safe haven for newborn infants, A.R.S. Title 13, Chapter 36, § 13-3623.01. <https://www.azleg.gov/ars/13/03623-01.htm>

[4] Delivery to medical provider, law enforcement agency, fire department, or in newborn safety device, AR Code § 9-34-202, 2023. <https://law.justia.com/codes/arkansas/title-9/subtitle-3/chapter-34/subchapter-2/section-9-34-202/>

[5] Relinquishment of Child in Newborn Safety, S, 83, CO State Legislature, 2024. <https://leg.colorado.gov/bills/sb24-083>

[6] Moore, Jake. Safe Haven Baby Boxes are Saving Lives (Trending with Timmerie). *Relevant Radio*. July 11, 2024. <https://relevantradio.com/2024/07/safe-haven-baby-boxes-are-saving-lives-trending-with-timmerie/>

[7] An act relating to surrendered newborn infants, S, 870, FL State Legislature, 2023. <https://www.flsenate.gov/Session/Bill/2023/870/BillText/c1/PDF>

[8] Domestic relations; safe place for newborns; revise provisions, HR, 1030, GA State Legislature, 2024. <https://legiscan.com/GA/text/HB1030/id/2902080>

[9] Relating to the Idaho Safe Haven Act, S, 1272, ID State Legislature, 2024. <https://legislature.idaho.gov/sessioninfo/2024/legislation/s1272/>

[10] Termination of parental rights, S, 345, IN State Legislature, 2023. <https://iga.in.gov/legislative/2023/bills/senate/345/details>

- [11] A bill for an act relating to the release of custody of a newborn infant under the newborn safe haven Act, HR, 425, IA State Legislature, 2023. <https://legiscan.com/IA/text/HF425/2023>
- [12] Expanding legal surrender of an infant to include newborn safety devices, HR, 2024, KS State Legislature, 2023. <https://legiscan.com/KS/text/HB2024/id/2780266>
- [13] Relating to abandoned infants, K.R.S. § 405.075. <https://apps.legislature.ky.gov/law/statutes//statute.aspx?id=55560>
- [14] Authorizes the installation and use of newborn safety devices at infant relinquishment sites designated in the Safe Haven Law, S, 414, LA State Legislature, 2024. <https://legiscan.com/LA/text/SB414/id/2986337>
- [15] An Act to Amend the Safe Haven Laws, HP, 405, ME State Legislature, 2021. <https://legislature.maine.gov/bills/getPDF.asp?paper=HP0405&item=3&snum=130>; see also <https://www.themainewire.com/2023/06/lawmakers-block-installation-of-saf...>
- [16] Courts – Immunity From Liability – Maryland Safe Haven Program, S, 873, MD State Legislature, 2024. <https://legiscan.com/MD/text/SB873/id/2992063>
- [17] A bill to amend 1939 PA 288, HR, 5407, MI State Legislature, 2024. <https://www.legislature.mi.gov/Bills/Bill?ObjectName=2024-HB-5407> ; see also <https://www.detroitnews.com/story/news/local/michigan/2018/12/27/snyder-...>
- [18] Relating to health; modifying Safe Place for Newborns provisions, HR, 3873, MN State Legislature, 2024. https://www.revisor.mn.gov/bills/text.php?number=HF3873&type=bill&version=0&session=ls93&session_year=2024&session_number=0&format=pdf
- [19] An act to amend sections 43-15-201, HR, 1318, MS State Legislature, 2023. <https://billstatus.ls.state.ms.us/2023/pdf/history/HB/HB1318.xml>
- [20] Infant Safe Haven Laws, M.O. Ann. Stat. § 210.950, 2021. <https://www.childwelfare.gov/resources/infant-safe-haven-laws-missouri/>
- [21] Revise the Montana Safe Haven Newborn Protection Act, HR, 200, MT State Legislature, 2023. <https://legiscan.com/MT/text/HB200/2023>
- [22] Amendments to LB, 876, NE State Legislature, 2024. https://www.nebraskalegislature.gov/bills/view_bill.php?DocumentID=54932 ; see also <https://nebraskaexaminer.com/briefs/facing-a-filibuster-sponsor-of-newbo...>

[23] Relative to expanded safe haven protections, HR, 1607, NH State Legislature, 2024. <https://legiscan.com/NH/text/HB1607/id/3005690>

[24] Relating to children, HR, 327, NM State Legislature, 2023. <https://www.nmlegis.gov/Sessions/23%20Regular/bills/house/HB0327.HTML>

[25] Safe Surrender of Infants, N.C. Gen. Stat. Article 5A § 7B, 2024. <https://casetext.com/statute/general-statutes-of-north-carolina/chapter-7b-juvenile-code/subchapter-l-abuse-neglect-dependency/article-5a-safe-surrender-of-infants>

[26] Implement infant mortality recommendations, S, 332, OH State Legislature, 2017. <https://www.legislature.ohio.gov/legislation/131/sb332> ; see also <https://www.nbc4i.com/news/local-news/sunbury/central-ohios-only-safe-ha...>

[27] Maternal and child health; providing for relinquishment of child by newborn safety device, S, 960, OK State Legislature, 2021. <https://legiscan.com/OK/bill/SB960/2021>

[28] Moore, Jake. Safe Haven Baby Boxes are Saving Lives (Trending with Timmerie). Relevant Radio. July 11, 2024. <https://relevantradio.com/2024/07/safe-haven-baby-boxes-are-saving-lives-trending-with-timmerie/>

[29] An Act to amending Titles 18 (Crimes and Offenses) and 23 (Domestic Relations) of the Pennsylvania Consolidated Statutes, in offenses against the family, further providing for newborn protection, S, 267, PA State Legislature, 2023. https://www.legis.state.pa.us/cfdocs/billinfo/bill_history.cfm?syear=2023&sind=0&body=S&type=B&bn=267

[30] To amend the South Carolina Code of Laws by amending section 63-7-40, relating to infant safe havens, so as to allow for the use of newborn safety devices, and for other purposes, HR, 4687, SC State Legislature, 2024. https://www.scstatehouse.gov/sess125_2023-2024/bills/4687.htm

[31] After dead baby found at recycling center, South Dakota Right to Life advocates to install 'safe haven' baby boxes. Catholicvote. August 12, 2024. <https://catholicvote.org/after-dead-baby-found-at-recycling-center-south-dakota-right-to-life-advocates-to-install-safe-haven-baby-boxes/>

[32] To amend Tennessee Code Annotated, Title 36 and Title 68, relative to newborn safety devices, HR, 2067, TN State Legislature, 2024. <https://wapp.capitol.tn.gov/apps/BillInfo/default.aspx?BillNumber=HB2067&GA=113>

[33] Relating to emergency possession of certain abandoned children by designated emergency infant care providers, S, 780, TX State Legislature, 2023. <https://legiscan.com/TX/text/SB780/2023>

[34] To amend and reenact §§ 8.01-226.5:2, 16.1-228, 18.2-371, 18.2-371.1, 40.1-103, and 63.2-100 of the Code of Virginia, relating to safe haven protections; newborn safety device, S, 175, VA State Legislature, 2022. <https://lis.virginia.gov/cgi-bin/legp604.exe?221+ful+SB175>

[35] Concerning newborn safe transfer, HR, 1888, WA State Legislature, 2023. <https://app.leg.wa.gov/billsummary?BillNumber=1888&Year=2023&Initiative=false>

[36] To amend and reenact §49-4-201 of the Code of West Virginia, 1931, as amended, all relating to defining a newborn safety device, HR, 3559, WV State Legislature, 2023. https://www.wvlegislature.gov/Bill_Status/bills_text.cfm?billdoc=hb3559%...

[37] Relating to: newborn infant safety devices under the safe haven law, S, 369, WI State Legislature, 2023. <https://docs.legis.wisconsin.gov/2023/proposals/sb369>

[38] Newborn safety device funding for safe haven providers, HR, 155, WY State Legislature, 2024. <https://www.wyoleg.gov/Legislation/2024/HB0155>