



## A Proposed CT Law That Would be Harmful to Infants and Families

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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.

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.