The Adoption Option

Adoption Won’t Reduce Abortion but It Will Expand Women’s Choices

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In the debate over finding “common ground” on abortion, much has been made of the fact that, when asked why they chose to have an abortion, many women say, “I can’t afford another child right now.” Given this response, some have suggested that providing additional supports to pregnant women might help reduce the abortion rate. The thinking goes that if women feel the economic obstacles are too great to carry a pregnancy to term—especially an unintended pregnancy—then policies that ease those burdens may help a woman ultimately have a child that she wants to have. An alternative line of thinking suggests that if a woman is trying to decide between abortion and carrying to term, additional supports may tip the balance and lead her to choose having the child.

The Center for American Progress continues to believe that, per the public health data, widespread access to contraception is the most effective method available for reducing unintended pregnancy, especially when coupled with medically accurate sex education. Unintended pregnancy is, after all, the proximate cause of the vast majority of abortions. We also believe that the government should not be in the business of promoting one moral viewpoint over another, nor should it try to persuade individuals to make particular health care decisions that have no bearing on public health outcomes.

Nevertheless, we do believe in taking a comprehensive approach to addressing reproductive health needs and we feel that it is an important policy objective in its own right to provide better supports to pregnant women, regardless of any potential subsequent effect on the abortion rate. We will therefore be examining, through a series of issue briefs, a variety of meaningful ways in which we can better address the needs of pregnant women.

When a woman says she can’t afford a child, she is not just thinking of the nine months of pregnancy, the first few months after the child is born, or even the first few years of life. She is most likely thinking about the next 18 years—or beyond—and how she will clothe, bathe, feed, house, nurture, and educate another human being for that entire period of time.

She may already have one or more children to care for—indeed 6 out of every 10 women who have abortions are already mothers. She may be the primary caretaker for a disabled or elderly member of her family. She may want a family one day but feel economically or emotionally unprepared to start one now. She may have a partner who is willing to help raise a child or not. She may be working, unemployed, or trying to finish her education so she can better support herself and her loved ones. If working, she may have secure employment or she may be one sick day away from a pink slip. She may be in perfect health, have a chronic illness, struggle with addiction, or suffer intimate partner violence. She may have health insurance or she may be uninsured. She might consider adoption or think it is out of the question.

In short, a multitude of factors may affect her decision to continue or terminate a pregnancy. And “I can’t afford a child right now” can encompass a number of these factors. Diapers and formula are clearly not sufficient. Systematic changes to health care, the workplace, the adoption system, and others are necessary to have a real effect on the lives of pregnant women.
Adoption is an institution of critical importance for children, adoptive parents, birth parents, and society. It provides parents for children whose biological parents have voluntarily relinquished their parental rights or had them terminated. It is a way for people to bring a child into their lives. It can establish a legal relationship between a parent and a nonbiological child, such as a stepchild or foster child. And adoption offers an option for pregnant women to place children in a home they cannot provide themselves.

Yet adoption is a pregnancy option that few women choose nowadays. The number of all never-married women who place their children for adoption has hovered around 1 percent and has been statistically zero for black, never-married women for the past 20 years. A 2004 study found that one-third of women with an unplanned pregnancy consider adoption but only half of those women take any action in that direction.

The data on domestic infant adoptions are surprisingly hard to come by, in part because the numbers are so low that they are difficult to track. Annual estimates range from approximately 6,800 to 22,291 unrelated domestic infant adoptions in recent years. But the official number is around 14,000, according the Department of Health and Human Services’ Child Welfare Information Gateway.

The Evan B. Donaldson Adoption Institute, a leading authority on adoption and apparently the only organization to provide a comprehensive overview of the birth-parent experience, notes that domestic infant adoption is usually the first thing that comes to mind when Americans discuss adoption, but it is in fact the least common type of adoption. When combined with public, intercountry, and kinship adoptions, the number of adoptions ranges from approximately 127,000 to 135,000 each year. Stepparent adoptions aside, the Institute estimates that domestic infant adoptions account for 15 percent of all adoptions compared to 59 percent from the child welfare system and 26 percent from other countries.
Many who oppose abortion—and some who support abortion rights but wish to seek common ground on the heated topic—continue to focus on promoting adoption as a viable method for addressing unintended pregnancy and reducing the abortion rate in this country. Yet the low adoption numbers stand in sharp contrast to the other two options women have available to them when considering what to do with an unexpected or medically complicated pregnancy—abortion or parenting.

There are more than 6 million pregnancies in the United States each year, almost half of which are unintended. Of those, approximately 4 in 10 end in abortion, resulting in roughly 1.2 million abortions in 2005. In 2001, the latest year for which data are available, 44 percent of the 3.1 million unintended pregnancies that year ended in birth. We estimate therefore that approximately 1.4 million women who experience an unintended pregnancy choose to carry their pregnancy to term and raise the child themselves.

Abortion has not caused the low rates of adoption in recent years; rather the low placement rates are a direct result of more single women choosing to parent on their own. Both adoption and abortion rates have fallen in tandem while births to unmarried mothers have risen. Even the National Council For Adoption—a prominent, federally funded adoption lobbying group with ties to conservative Christian adoption networks—acknowledges that “[b]irths to unmarried women increased from 1996, while the rate of infant adoption placements by unmarried women decreased.”

Abortion certainly played some role in the initial decline of the adoption rate when it fell from 19.2 percent for white women in 1973 when Roe v. Wade was decided to 3.2 percent 15 years later. But it is the decreasing stigma of single motherhood that accounts for the low adoption rate now. Unmarried pregnant women also are more likely to be in their 20s than their teens these days, and they may therefore feel better prepared to keep their babies and raise them themselves.

It should be clear then, as the Guttmacher Institute has pointed out, that promoting adoption is not an effective strategy for reducing the abortion rate—if that is one’s goal. Indeed, some portion of women who choose adoption never consider abortion, in which case those adoption choices have no effect on the abortion rate whatsoever.

Even so, ensuring that adoption remains an ethical and effective option for women facing an unintended pregnancy is a worthwhile goal independent of its potential
influence on the abortion rate. The adoption system in place today has undergone significant changes in the past few decades but the public’s impressions of that system are not well-formed and are often based on outdated stereotypes. Moreover, abuses in the present system continue to occur and must be curbed. Reforms are necessary to ensure respect for women’s rights, improved outcomes for children, and increased reliability for adoptive parents.

Adoption involves balancing multiple interests—those of the birth mother, the birth father, the adoptive parent or parents, and the child being placed for adoption. Yet most policy initiatives primarily focus on adoptive parents, addressing ways to streamline the system and make it more accessible and affordable for them. Too little attention has been paid to the needs of the pregnant woman considering adoption.

Policymakers should fully consider the interests of all parties to an adoption before implementing any reforms, but in this series we are exploring how to provide better supports for pregnant women and will focus specifically on them. Specifically, we recommend:

**More information about the adoption decision.** To best serve the needs of women considering adoption, more research must be done to explore the pressures, motivations, and barriers surrounding that decision, as well to compare the long-term well-being of women who choose abortion, adoption, and parenting.

**Fully informed, voluntary pregnancy decisions.** States should require that women pursuing adoption be offered nondirective counseling with a qualified professional and an opportunity to consult with independent legal counsel. Congress also should work to ensure that women have access to unbiased and accurate information so that they can make well-informed decisions about their pregnancies.

**Adequate relinquishment and revocation protections.** States should impose a waiting period of at least 72 hours between childbirth and the time a woman can consent to place a child for adoption and grant birth parents a minimum of one week to revoke their consent to relinquishment without having to give a specific reason. These rules ideally would be uniform in order to discourage agencies or adoptive parents from cherry-picking states with more favorable laws. States should also ensure that birth parents are entitled to a copy of all relinquishment paperwork as well as a copy of the child’s original birth certificate.
**Better supports for open adoption agreements.** States should recognize the benefits of open adoption arrangements and ensure that birth parents are informed of available mechanisms to implement those agreements. States should also guarantee that affordable clinical mediation services are available when disputes arise over the terms of an open adoption arrangement.

**Improved postadoption services.** States and adoption agencies should ensure that birth mothers have access to affordable or no-cost postadoption counseling services throughout their lives, but especially in the two years following a placement.

**Awareness about the modern adoption system.** More information about what adoption entails today and the women who typically choose adoption would help to educate the public and demystify the process so that we can dispense with outdated stereotypes about birth mothers and the adoption process. Congress should provide grants to establish national public education campaigns to accurately inform the public about adoption and its potential benefits for all involved.

We remain committed to the idea that supporting pregnant women by providing the socioeconomic resources needed to parent, to obtain safe abortion care, and to place a child for adoption will serve to expand women’s options, increase their self-determination, and improve the health and well-being of all families.
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