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

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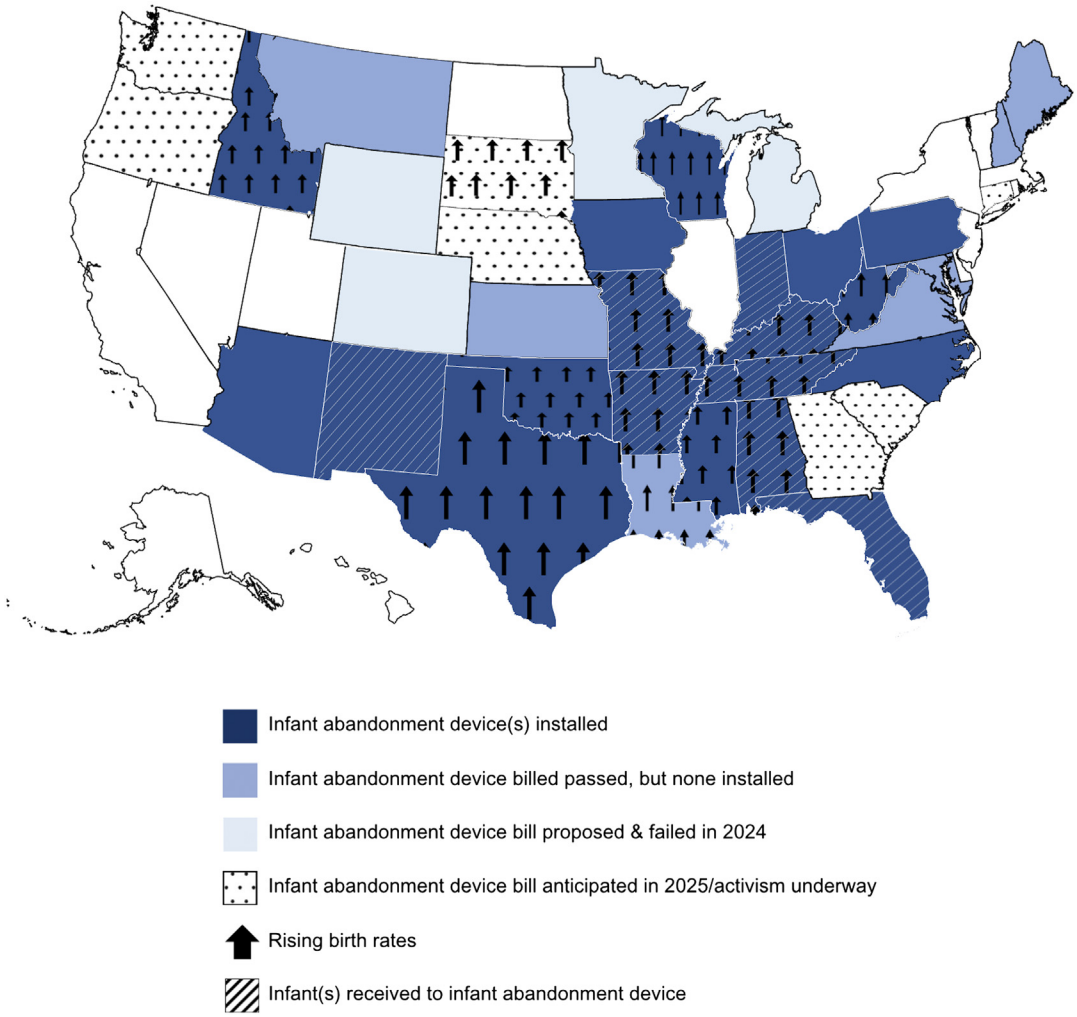

FIGURE 1.
Infant abandonment devices in the United States. Illustration of the presence and usage of infant abandonment devices, recent legislative efforts, and rising birth rates.[3] This material is used with permission.

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

FIGURE 2.
Infant abandonment box. Photo of an infant abandonment box manufactured by Safe Haven Baby Boxes, Inc. and installed in Carmel, Indiana.
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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.

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ABBREVIATION

IAD: infant abandonment device

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