Maureen Bell Boardman

My adoption story

By Maureen Bell Boardman, MSN, FNP, FAANP

Each individual or couple who seeks to adopt a child has a unique story. I chose to share my story in the hope that it might help other nurse practitioners understand the mixture of anticipation, disappointment, joy, and challenges that adoptive families experience. As you see women in your practice who are thinking about adopting a child, are in the midst of adopting a child, or have already adopted a child, know that they will appreciate support from you in their journey.

My family's journey to adoption began 8 years before my son came home to us on April 27, 2004—a day now celebrated annually in our household as "Gotcha Day" and "Big Sister Day." However, as in any journey, there were several surprising twists and turns along the way. My husband and I, like many young professionals, had placed our educational and career goals ahead of our goal to have a family one day. By the time we decided that the time was right to start a family, we both had obtained master's degrees and we both had felt comfortably established in our careers. Then months of trying to become pregnant turned into years, complete with infertility workup, ovulation monitoring, scheduled sex, and multiple attempts at intrauterine insemination (IUI). After the sixth failed IUI attempt, our infertility specialist recommended that we move on to *in vitro* fertilization (IVF). However, our insurance company at the time wouldn't pay for the procedure and the cost for one attempt of IVF was roughly equal to the cost of the adoption process. To us, the decision was easy.

We contacted several local adoption agencies, eventually finding one we felt comfortable with, and began our home study process. We wrote letters to prospective birth parents about ourselves and our desire to have a family. We were interviewed together and individually by a social worker who also came to visit and inspect our home. We took classes through a local social service agency to become foster parents, in the hope that we might be able to adopt an infant from the foster care system. After all, in my role as a nurse practitioner (NP), I served on our county's Child Abuse Response Team (CART), a group of healthcare professionals who make recommendations regarding the health and well-being of children who have been removed from their homes and placed in the foster care system.

We also took advantage of my role as an NP and my contacts in the healthcare professions. On several occasions, we asked colleagues to take copies of our letter to prospective birth parents to national conferences and distribute them to the nurse-midwife and obstetric communities. One of these letters prompted a call from an obstetrician in Texas who herself had been adopted. She had a patient, a young woman, who had just delivered a healthy baby boy and then confided postpartum that she wanted to give the child up for adoption. The obstetrician shared with us that the mother had had little or no prenatal care and no knowledge of the paternal family history, but the child was healthy and beautiful. If we were interested, she wanted to give this little boy the opportunity to live in a stable and loving home that was similar to the one in which she had grown up through adoption.

I started packing while my husband began making flight arrangements to travel to Texas. Several hours later, the obstetrician called us back in tears, reporting that the hospital had intervened. Because we did not have a formalized adoption plan with this woman prior to delivery, we were not eligible to adopt the child. My husband and I were devastated. I cried for days, maybe longer. My husband, family, and friends didn't know what to do for me. It was several weeks later that we discovered the reason for my severe emotional response; I was pregnant. After our failed IUI attempt, I had just stopped keeping track of ovulation and menses. I was 6 weeks pregnant before I figured it out. Aside from severe hyperemesis gravidarum, I had an uneventful pregnancy and on June 1, 1998, I gave birth to a beautiful baby girl.

Fast forward 6 years. Despite 6 more years of trying to conceive, we were not successful in getting pregnant

again. We had moved from Tennessee to New Hampshire to be closer to our families in Maine. We both felt very strongly that we didn't want to raise our daughter as an only child. We wanted her to have at least one sibling with whom to grow up. Our daughter also kept asking about having a baby brother. We returned to see a reproductive specialist to discuss our infertility problems and again discussed multiple options. Our current health insurance would cover IVF; however, based on my age, our chances of conception with each trial had decreased to 10%-30%.

Again, the decision was easy for us and we searched for another adoption agency and found Vermont Children's Aid Society. We underwent another home study and had interviews with the social worker, a home inspection, and fingerprinting. We initially decided that we would pursue a domestic adoption, because our social worker had informed us that during the previous year, she had 14 families trying to adopt a child, 7 of which were able to bring home a baby. Once again, the months slowly went by. Our adoption agency was not able to complete a single domestic adoption.

During this period of time, we were required to complete a 1-day training session on adoption through a local social service agency. During the session, we spoke to several families who had adopted a child from Korea and were planning to adopt a second child from Korea. We went home and thoroughly researched Korean adoption. We liked the fact that the children from this country didn't go into orphanages waiting for adoption but, rather, went to foster care homes where they were the only child in the home under the age of 3. This practice tends to eliminate the risk of reactive attachment disorder and other psychological problems that had been documented extensively in both the medical literature and the lay press as a common experience among children adopted from Eastern European countries.

Our change from domestic to international adoption status meant additional home study work and costs, as well as being fingerprinted by an international agency because the fingerprints we had provided at our local police station would not suffice. The Korean adoption agency also requires adoptive parents to each have a body mass index of 25 or lower because of the strong belief that obese parents raise obese and unhealthy children.

We completed our additional home study work and submitted our application to adopt a child from Korea. We were told that we could expect to have our second child in our home in the next 8-9 months. We were shocked, when, a month later, we received a call from the adoption agency along with pictures of our son! When we had filled out the forms indicating the health problems we were willing to accept in an adoptee, I was quite liberal in terms of my list because I was an NP. I was working for a large tertiary medical center and had access to some of the best medical specialists in our region. Our son's birth mother had come to prenatal care late in her pregnancy. It was estimated that he was born 8 weeks premature. He weighed 4.4 kg and required blow-by oxygen for 24 hours. He looked perfect to us. He left the hospital after several weeks and went to his foster family.

In addition to our son's foster mother and father, the foster family included a 21-year-old daughter who was in college but lived at home, a set of 15-year-old twin girls, and a 12-year-old son. They sent us many pictures of our son. We sent them clothes, stuffed animals, and pictures of ourselves. It took 3 months for our son to come home to us. We had decided that we would pay to have an escort bring him to the United States rather than traveling to Korea because this option seemed less disruptive to our family life. We needed to cancel a trip to Disney World that we had planned before we learned that we were going to have to wait only 4 months instead of the 8-9 months that we had originally been told. (Our son's older sister has never stopped reminding him that his pending arrival at our home caused her to miss the trip to Disney World.) His trip to our home was delayed another 2 weeks because he had been unknowingly exposed to chicken pox.

Finally, the day arrived; we travelled to JFK airport in New York City to pick up our baby boy. It is quite surreal to arrive at JFK's terminal 4, have an elderly woman disembark from a plane carrying a 6-month-old baby boy, have her place him in your arms, and then, just like that, he is ours. We muddled through the next days and weeks getting to know each other. It was obvious from that first day that he had been well loved and cared for. He was a happy, easy-going baby despite the fact that his world had just been turned upside down. He took it all in stride.

Twelve more "Gotcha Days" have come and gone. We now have a happy, healthy adolescent son—well, as happy as any adolescent boy can be. His childhood has been a classic small-town New England childhood. He loves baseball, plays ice hockey, and is a fearless snowboarder, taking on black diamond runs since the age of 6. He has a bright and inquisitive mind that has challenged both his parents and his teachers. We have

tried to keep him in touch with his Korean heritage. Living in close proximity to a college town, we learned of a Korean Big Brother/Big Sister program. We spent many Sunday afternoons there, learning how to cook Korean foods, play Korean games, and speak some basic Korean words and phrases. More important, our son was able to spend time with other Korean adoptees and Korean college students.

Because I teach at the college medical school, we keep him in touch with his culture through several Korean medical students as well. The students have been gracious and kind to our son. They have brought him gifts from Korea, including games and a building kit of a traditional Korean home. They have also spent time with him and shared their experiences of growing up in Korea. The downside to growing up in our small New England town is that he is one of only three or four kids of Asian heritage in his school. His minority status has been a concern for his father and me, although it wasn't until he was in sixth grade that another child began bullying him because of his Asian heritage. When the other child called him "slant eyes," my son initially didn't realize it was a racial slur. The child's racial taunting continued until my son told his teacher. The other child was disciplined. but my son didn't think that the punishment was adequate. He wrote his principal a letter and met with him to advocate for himself and to explain how much the other child's words had hurt him. We were very proud of the way he handled this situation.

We anticipate continued challenges in the years ahead. Our son is just a few years away from the age that, with our permission, he can find his birth mother. We have always told him we would support him in this endeavor if he chooses to explore it. The adoption agency offers "homecoming tours," where the Korean adoptees spend 2 weeks in Korea, immerse themselves in Korean culture, and meet their birth families if they choose. We will continue to embrace whatever the years ahead will hold, as we feel blessed to have expanded our family through international adoption.

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(continued from page 37)

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Web resources

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C. adoptionattorneys.org/aaaa/home
D. childwelfare.gov
E. americanadoptioncongress.org
F. oyff.org
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