American Journal of Orthopsychiatry

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2023, Vol. 93, No. 6, 543–556
https://doi.org/10.1037/ort0000701

Birth Mothers' Experiences of Support Before, During, and After Adoptive Placement

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Birth mothers, or women who have relinquished parental rights of their child, are an understudied and stigmatized population. Prior literature has suggested that protective factors, such as supports (e.g., practical, emotional, peer, informational), are beneficial for birth mothers. This study qualitatively explored perceptions and experiences of support before, during, and after placement among 51 birth mothers whose children were adopted as infants via private adoption in the United States 8 months to 50 years ($M = 15.39$ years) from the time of data collection. Thematic analysis revealed six overarching themes: (a) impact of lived circumstances, (b) importance of early adequate support, (c) an emotionally complex process, (d) access to timely information, (e) feeling ready to utilize resources, and (f) coping with ongoing adjustment needs. Prevalence of Themes pre-, during, and postplacement were shared among participants. Time since placement and adoption openness (e.g., contact with adoptive families) were also important factors related to these themes. We discuss implications of these results for policy and practice related to birth mothers' well-being and adjustment.

Public Policy Relevance Statement

Birth mothers who have placed a child for adoption face grief and stigma, so support is crucial to this understudied population. This study suggests the importance of activities and networks that promote peer support (e.g., birth mother retreats, support groups), as well as organizations (e.g., Planned Parenthood), resources, and access related to informational support.

In the United States (U.S.), nearly half of pregnancies experienced are unintended, resulting in choices between options of parenting, abortion, or adoption (Finer & Zolna, 2016; Simmonds & Likis, 2005). In the U.S., adoption is generally considered less preferable to having biologically related children (Baxter, Norwood, et al., 2012; Coleman & Garratt, 2016), yet adoption has become a common path to family formation (Claridge, 2014). The adoption process involves stress and coping responses among all adoption triad members (i.e., birth parents, adopted children, adoptive parents; Goldberg & Smith, 2008; Grotevant, 2020). Many birth mothers describe the importance of adequate supports throughout the process (E. Madden et al., 2017; Simmonds & Likis, 2005), yet this has been understudied. Thus, our purpose was to enhance understanding of support needs (e.g., social, emotional, practical, peer) of birth mothers throughout their experiences of parental rights relinquishment: pre-, during, and postplacement.

Birth mothers are defined as women who became pregnant, chose to give birth, and then relinquish their parental rights (i.e., voluntarily[1] surrender rights) of their biologically related child to place them for adoption via open or closed adoption contact

[1] We acknowledge that "voluntary" relinquishment may be a misnomer, as power structures inherent to adoption systems place birth mothers (also referred to as first mothers, and other birth relatives) in a disadvantaged position. Many birth family members, notably mothers, report pressure to make such decisions (Farr & Grotevant, 2019).

This article was published Online First September 7, 2023.

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The authors wish to thank the Family Process Institute for providing funding (to Rachel H. Farr) to support this study. They also thank many members of our research team who contributed to this project in terms of coding, transcribing, and data collection—particularly Casey Vázquez. They especially want to extend our gratitude to the birth mothers and their families represented in this article for generously sharing their stories with us. The authors have no known conflicts of interests to disclose.

Emily P. Lapidus and Ciara L. Watkins are equal contributors to this work and are designated as co-first authors.

Relevant study materials are available on the Open Science Framework at https://osf.io/9g5dj/?view_only=5af8b6a3b2814adfac625742e8d22985.

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arrangements (Grotevant, 2020). Open arrangements are characterized by a spectrum of practices such as contact between the birth mother and the adoptive family or accessibility of information about birth and adoptive families. Closed arrangements are distinguished by secrecy and sealed records (Cushman et al., 1993). Although the decision to place a child for adoption is not an uncommon practice, birth mothers have largely been silenced in contemporary society (Coleman & Garratt, 2016). Many mothers face stigmatization because of their relinquishment decision and bear a societal perception of illegitimacy and deviance (Baxter, Scharp, et al., 2012). Birth mothers are likely to experience intense grief and profound loss that can span the life course (Aloi, 2009; De Simone, 1996; Deykin et al., 1984). Several studies have documented the effects birth mothers may experience immediately after placing a child for adoption (Grotevant, 2020; Henney et al., 2007; Krahn & Sullivan, 2015; E. E. Madden et al., 2018), with less focus on experiences throughout the entire process. Therefore, this study contributes to knowledge about the experiences of support among birth mothers from before to after adoptive placement of their child.

Stigma Facing Birth Mothers

All parties in the adoption triad face societal stigma, including birth mothers (Baxter, Norwood, et al., 2012; Baxter, Scharp et al., 2012). Societal messaging often inaccurately implies that birth mothers have rejected, abandoned, or deserted their child (Leon, 2002). They frequently face stigma for "failing" at motherhood, which can lead to difficulty managing their identity as a parent (March, 2014; Neil, 2013). Often, birth mothers report their families create emotional or physical distance out of fear of stigmatization (Kelly, 1999). Although research is limited, Miall (1996) provided some qualitative statements from social workers that reinforced stigmatized beliefs against birth mothers. Efforts to combat such stigma have been evident in the increased focus on legislation and policy initiatives for ethical adoption laws, policies, and practices. These initiatives have been advocated by support groups like Concerned United Birthparents (CUB), among others, that seek to empower birth mothers and other birth relatives, as well as establish value in their unique family positions and roles (Neil, 2013; Sotiropoulos, 2008). One study on postplacement adjustment among 235 birth mothers showed that ongoing connections to other birth mothers were beneficial in reducing negative effects of stigma (D. Brodzinsky & Smith, 2014). Research on such support networks, however, is limited (D. Brodzinsky & Smith, 2014; E. Madden et al., 2017).

Grief Experiences Among Birth Mothers

Feelings of grief are among the lifelong experiences of birth mothers (Aloi, 2009; March, 2014). Grief reactions after relinquishment include feelings of loss, sadness, guilt, depression, anger, and regret (Deykin et al., 1984; Henney et al., 2007). Birth mothers often experience disenfranchised grief, characterized as grief that is not openly acknowledged, socially accepted, or publicly mourned—adding complexity to the coping process following adoption loss (Aloi, 2009). Birth mothers may be advised to "move on" as quickly as possible by family, friends, health care workers, and society at large, often with disapproving regard for their grief (Aloi, 2009; Neil, 2013). The lack of acknowledgment that birth mothers need to grieve contributes to disenfranchisement (Aloi, 2009). According to A. B. Brodzinsky (1990), healthy grieving is possible if birth mothers can express grief in a supportive environment, have support throughout the process, and are able to engage in a ritual that marks the loss of the child. Given these challenges, relevant policy and practice should reflect a thorough empirical understanding of birth mothers' grief responses to relinquishment to effectively support them (De Simone, 1996).

Support Felt by Birth Mothers

Despite evidence of the long-term emotional impact of relinquishment, such as intense feelings of stigma and grief, the literature also indicates that support is often lacking for birth mothers (E. Madden et al., 2017; Memarnia et al., 2015). Many birth mothers have described feeling pressured into relinquishing parental rights through adoption, later linked with greater feelings of regret, worry, and grief, and leaves birth mothers unsupported in their decision-making process (De Simone, 1996; E. Madden et al., 2017). When placements were historically more secretive, the relinquishment of a child had a substantial negative impact on the mental health (e.g., depression, guilt, shame) of the placing mother (D. Brodzinsky & Smith, 2014). Conversely, research has indicated that emotional support is strongly positively correlated with improvements in the mental health of birth relatives, including birth mothers (Neil, 2013).

Practical support may co-occur with emotional support (Wills & Shinar, 2000) and generally involves tangible acts or resources (e.g., grocery shopping, transportation). Practical support allows the recipient to focus on other tasks or engage in rest and relaxation. One aspect is informational support, which involves sharing relevant and accurate knowledge and advice. Informational support may be especially beneficial in forming an adoption plan, as birth mothers report the greatest barrier in adoption-related services is a lack of knowledge (Conlon, 2005).

Peer support among birth mothers often involves emotional and information support (Frame et al., 2006) and is consistently seen as beneficial—markedly so among individuals who are perceived as sharing similar identities and backgrounds (Finfgeld-Connett, 2005). A common peer support resource is birth mother retreats, where birth mothers share practical, informational, and emotional supports (Perl & Skimming, 1997). Similarly, social support originating from those without shared identities is also beneficial to many birth mothers, whereas not receiving such support can be harmful. Winkler and Van Keppel (1984) assessed long-term grief resolution in birth mothers and found that a lack of social support contributed substantially to poor adjustment after placing their child for adoption. More knowledge is needed regarding the challenges birth mothers face and the forms of support they need (D. Brodzinsky & Smith, 2014). Our study seeks to cast a light on birth mothers' perceptions of support (e.g., emotional, practical, peer, social) throughout the entire process (e.g., pre-, during, and postplacement).

Conceptual Framework: Social Support

Social support is broadly defined as assistance and protection given to individuals, and it can include emotional, instrumental, and informational support (Langford et al., 1997). Social support

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functions may act as a buffer to external stressors and is a key determinant of well-being (Kahn & Antonucci, 1980). Social support may be most beneficial when involved individuals share similar identities and backgrounds (Finfgeld-Connett, 2005), but shared experiences are not necessary for quality social support. We operationalize this multidimensional construct of support as the social, emotional, practical, and peer supports described by birth mothers.

Research has indicated that pregnant women with few social supports are more vulnerable to life stressors (Glazier et al., 2004). Birth mothers commonly encounter substantial stress during the adoptive placement process. With limited resources (e.g., financial, emotional, practical), birth mothers may experience relinquishment as overwhelming and may be vulnerable to poor adjustment outcomes (Goldberg & Smith, 2008). Birth mothers' experiences of profound loss following placement are characterized as among the most serious and emotionally intense losses possible (D. Brodzinsky & Smith, 2014). Silverstein and Kaplan (1988) proposed adoption as a lifelong process uniting the adoptive triad and recognized shared loss, rejection, guilt, shame, and grief. Alternatively, birth mothers who perceive extended social support and have access to resources, including potential contact with their child placed for adoption, could serve to buffer distress (Goldberg & Smith, 2008; Grotevant, 2020; Wyman Battalen et al., 2019).

The temporal aspect of birth mothers' placement of children through private adoption is important to consider, as available supports may have differed historically from than those available today. Social support in the 1960s may have been found in the form of maternity homes, where mothers lived before giving birth if they planned (or were coerced) to relinquish parental rights, with the goal of immediate separation between birth mother and child (Ellison, 2003). Emotional and peer supports were sometimes found in private maternity homes, often from other pregnant women in similar situations (Edwards & Williams, 2000). Since the 1990s, birth mothers more often report supports from adoption agencies, family, friends, or the adoptive family who will or goes on to parent the child (Cushman et al., 1993; Krahn & Sullivan, 2015).

For these reasons, it is vital to understand how support manifests before, during, and after adoptive placement. How support (e.g., social, emotional, practical, peer) is experienced by birth mothers is not well-represented in extant literature. This topic is important, however, given that benefits from support contribute to positive adjustment and outcomes (Langford et al., 1997).

The Present Study

Although considerable research has been conducted on the effects of adoption in recent decades, the focus has often been on adoptive parents and adopted persons (E. E. Madden et al., 2018). Birth mothers' adjustment remains largely unexplored (D. Brodzinsky & Smith, 2014; Grotevant, 2020; E. Madden et al., 2017), as the experiences of support among birth mothers throughout the placement process (Morgan et al., 2019). Thus, we sought to explore the experiences and sources of support (e.g., social, emotional, practical, and peer) among a sample of birth mothers who relinquished parental rights. Our goal was to provide insight into birth mothers' perceptions of support throughout the experience of placing a child for adoption, particularly related to overall adjustment. To do so, we employed thematic analyses of birth mother responses to semistructured interview questions (Braun & Clarke, 2006). We expected that those who reported perceptions of having support (e.g., social, emotional, practical, peer) throughout the process would describe more positive adjustment than would those with minimal supports (D. Brodzinsky & Smith, 2014; Neil, 2013). We sought to extend prior research by asking three questions:

1. Do birth mothers feel supported during the placement process? Why (not)? How did the time since placement play a role?
2. What sources of support do birth mothers describe? When were they most beneficial (e.g., pre-, during, or postplacement)?
3. How do sources of support seem connected with birth mothers' well-being?

Method

Below, we report how we determined all data exclusions, sample size, measures, and procedures in this study. Materials, including recruitment information, interview guide, and final codebook, are available at https://osf.io/9g5dj/?view_only=5af8b6a3b2814adfac625742e8d22985. Data are not publicly available, and the study was not preregistered.

Participants and Recruitment

Recruitment procedures were designed to access this hard-to-reach-population. Our participants were drawn from a larger study on birth relatives' experiences (e.g., Farr et al., 2023). Five participants were recruited via their connections to adoptive family participants in an ongoing longitudinal study of lesbian, gay, and heterosexual parents and their children (i.e., the Contemporary Adoptive Families Study or CAFS; e.g., Farr, 2017). CAFS adoptive parents were emailed by trained personnel on the research team and asked if they were comfortable to forward a study invitation to any of their children's birth family members with whom they were in contact. Two more participants were recruited through Transition to Adoptive Parenthood Project, another ongoing longitudinal study examining lesbian, gay, and heterosexual adoptive parent families (e.g., Goldberg & Smith, 2013). Trained research personnel forwarded a study invitation to the Transition to Adoptive Parenthood Project study director, Dr. Abbie Goldberg, which was then distributed to participating adoptive families. These adoptive families then passed along the invitation to birth relatives with whom they were in contact. Finally, trained research personnel compiled a comprehensive list of relevant organizations and support groups and ultimately reached out to 68 separate organizations and Facebook groups geared toward birth family members. Thus, other birth mother participants were recruited through these means (e.g., snowball sampling, relevant listservs for birth relatives, adoption agencies, and support groups). Any birth relative in the U.S. over age 18 who was related to a child placed for adoption through private domestic adoption was eligible to participate, regardless of adoptive family contact.

All participants (N = 51) were birth mothers who relinquished parental rights though private, domestic, infant adoption (e.g., via private domestic adoption agencies, some with religious affiliations; adoption attorneys) with open and closed arrangements, drawn from a broader study about birth relatives' experiences (e.g., Farr et al.,

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2023). Here, our focus was on the experiences of support from *qualitative* data among birth *mothers*, while other distinct aims of the larger project involve analyses of mixed method data about birth relatives' perceptions of same-gender adoptive family placements (Farr et al., 2023), and quantitative data about birth relatives' experiences of grief and satisfaction surrounding placement (e.g., Lapidus et al., 2021).

Placements occurred at birth or within several months after birth. Participants relinquished parental rights ranging from 8 months to 50 years prior, with an average of 15.39 years since placement and many (n = 13) taking place over 25 years prior. Participants averaged 38.87 years old (SD = 13.85). They had a median annual household income of $64,500. Most identified as white[2] (82%), multiracial or multiethnic (8.2%), Latina/Hispanic (4.9%), or named another racial/ethnic identity (e.g., Anglo-Saxon; 1.6%). Their relationship status ranged from married (40%), single (17%), and other statuses (e.g., separated, divorced, cohabitating; 43%). At the time of placement, 20% of birth mothers were characterized as having a closed adoption (e.g., no information or contact with adoptive family), 70% had an open adoption (e.g., frequent and/or satisfactory level of contact), and 10% had an open adoption with limited or insufficient contact. At the time of the interview, 8% of birth mothers reported no contact with the adoptive family, 16% had insufficient levels of contact, and 76% were satisfied with their level of contact.

Materials and Data Collection Procedure

Approval for this study was granted by the institutional review board of the University of Kentucky. All participants (N = 51) completed an individual interview either by phone or secure online messaging with a trained graduate researcher. Interviews took place from 2017 to 2019. An interview guide was created and adapted from studies on adoption experiences and perceptions of openness arrangements among birth and adoptive families (Grotevant et al., 2013). Participants were asked questions about their pregnancy, birth, and current relationships with adoptive families, such as "After the pregnancy, what kind of support, if any did you receive from the agency?" Phone interviews ranged from 1.5–4 hr (generally lasting about 2 hr) and were audio-recorded. Online chat interviews were 4–5 hr. Participants were compensated 50 U.S. dollars upon interview completion. Interviews were transcribed verbatim and deidentified to ensure confidentiality. Each participant was assigned a pseudonym, used below.

Thematic Analysis

Qualitative analyses of interview data were conducted using Braun and Clarke's (2006) thematic analysis (TA) approach. This approach allowed for flexibility and opportunity to provide rich and detailed accounts of data (Braun & Clarke, 2021). After reviewing and note-taking on multiple transcripts, the first author developed the codebook, which utilized global coding to address our research aims. The codebook was reviewed and refined. The final version (Lapidus et al., 2022) can be found at https://osf.io/9g5dj/?view_only=5af8b6a3b2814adfac625742e8d22985.

All interview transcripts were coded by a team of four coders (e.g., first authors and two undergraduate research assistants). We comprised varying identities and connections to adoption. Prior to starting the study, the coding team approached any implicit assumptions linked to birth mothers and adoption. We frequently discussed our positionality and practiced reflexivity in team meetings, aligned with engaging in rigorous qualitative research (Braun & Clarke, 2006).

Coders were instructed to first read the entire transcript and then code following the descriptions provided in the codebook. The codebook was formulated from the interview guide, and included specific interview questions related to support and other relevant questions based on our research aims, framework, and empirical research about support. Coding team members individually coded each participant's responses to all questions listed in the codebook by using provided explanations for each code. Each code was given a number (e.g., 1 or 2 or 3) to allow for reliability analyses to be statistically conducted across raters (Braun & Clarke, 2022). Coders were instructed to code "0" if a response was not mentioned and "9" if a participant was unclear or gave an incomplete answer. Coders could select multiple codes in appropriate cases and provided reasoning for choosing codes in an explanation column.

Responses provided by participants were coded for emerging themes via both a deductive and an inductive approach such that the themes identified were strongly linked to the data (Braun & Clarke, 2006). Initial open coding was conducted, which led to several different themes about support. Themes regarding birth mothers' perceptions of support and their effectiveness throughout pregnancy until the time of the interview were then identified and refined. The coding team and first authors came to a consensus about the presence of themes via complete coding (e.g., discussing all meaningful codes). The coding team met biweekly to discuss and compare codes, as well as resolve disagreements until consensus was reached. To refine themes, one first author grouped each theme by their perceived similarity and difference and then labeled each grouping as an overarching or contributing theme. Finally, the first authors calculated reliability statistics for the presence or absence of each theme. Across themes, average reliability was strong (.88), exceeding .70 as an acceptable threshold (Hayes & Krippendorff, 2007).

Results

Thematic analysis led to six overarching themes across participants. Each overarching theme and subtheme (i.e., contributing themes) were separated into three phases: preplacement, during placement, and postplacement (see Table 1). Two themes characterized each phase. In preplacement, these were (a) impact of lived circumstances, and (b) importance of early adequate support. During placement, these were (c) an emotionally complex process, and (d) access to timely information. In postplacement, these were (e) feeling ready to utilize resources, and (f) coping with ongoing adjustment needs related to birth mothers' overall well-being after relinquishment. Moreover, 11 subthemes comprised the six themes across these three phases. Last, the roles of openness and time since placement were relevant across themes.

[2] We capitalize minoritized racial/ethnic identities (e.g., Black) and lowercase White in deference to those who have been oppressed by Whiteness as a social construct and power, and to acknowledge that minoritized racial/ethnic identities, such as Black, Latino/a/x/e, and Asian/Pacific Islander, constitute specific cultural groups whose members have distinct shared histories and experiences (Crenshaw, 1991).

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Table 1
Overarching Themes and Contributing Themes From Thematic Analysis of Interview Data

Phase	Themes	Subthemes	Quote	*K*-α
Preplacement	Theme 1: Impact of lived circumstances	(a) Barriers to decision making	"I didn't know I was pregnant until I was 36 weeks … I was in high school, but it wasn't until I graduated, he was born in September … [Birth Father] was in prison" (*Emma, white, age 19 at time of interview, placed 1.5 years prior*).	.88
	Theme 2: Importance of early adequate support	(a) Hesitancy and secrecy to mobilize existing support networks (b) Personal relationships as providers of support	"I wasn't really talking to my sister at all, neither of my sisters. The only like family contact I had was my mom, which had been cut off because of … her issues that she has. And then, I found out I was pregnant, and I didn't really know what to do and neither did [Birth Father] … I had decided that we wanted to do adoption, I reached out to my sister and I was like 'I don't know what to do. Can you help me figure out my options?' I hadn't talk to my sister in probably like 4 or 5 years. That was my first time contacting her, like 'Hey I'm kind of in this pickle I don't really know what to do'" (*Claudia, white and Mexican, age 25 at time of interview, placed 2 years prior*).	.81
During placement	Theme 3: An emotionally complex process	(a) Emotional hospital experience	"I mean the worst part about it was obviously there was so many different emotions because this was a life-changing decision, so outside of that, again I definitely feel like I had to make myself somewhat numb to be able to get through it, but I think things went as smoothly as they could've gone" (*Ava, white and Hispanic, age 36 at time of interview, placed 17 years prior*).	.86
	Theme 4: Access to timely information	(a) "I didn't know" (b) Access to informational support (c) Pressure from adoption agencies (d) Power imbalances	"I wish that someone gave me the education and the material and the resources. Then I could've done it … I see all these women that have these resources … I'm like, 'Man, if someone told me about these resources instead of saying I'm a sinner, then I could've made it happen,' and I would've" (*Victoria, Hispanic, age 29 at time of interview, placed 8 years prior*).	.89
Postplacement	Theme 5: Feeling ready to utilize resources	(a) Counseling (b) Peer support	"I got free counseling for the rest of my life, if I don't have insurance they'll pay for it. They had in [state] like a birth mother's support group … and they have birth parent retreats and they have adopted families and birth parent like picnics twice a year, Christmas parties, things like that" (*Ashley, white, age 35 at time of interview, placed 6 and 4 years prior*).	.92
	Theme 6: Coping with ongoing adjustment needs	(a) Addressing unmet needs	"I had no idea the sense of loss I was about to feel … They don't tell you you're going to cry for hours every day after you place your child after your child is gone to their new home. They don't tell you how much you're going to miss that child. They don't tell you you're going to wonder what's going on with your child- is your child happy, is your child safe? They don't tell you that you're going to feel like garbage for not being able to pull it together and be a mother. They don't tell you those things. They don't tell you that you're going to grieve" (*Amy, white, age 49 at time of interview, placed 23 years prior*).	.95

Preplacement

This phase was characterized by larger life contexts and availability of early supports. Feeling unable or unfit to parent and needing help were frequently reported. Two overarching themes (a) *impact of lived circumstances* and (b) *importance of early adequate support* and three contributing ones (barriers to decision making, hesitancy and secrecy to mobilize existing support networks, and personal relationships as providers of support) distinguished this phase.

Theme 1: Impact of Lived Circumstances. Each participant ($N = 51$) shared details surrounding their perceptions of stability or instability of their life circumstances at the time of pregnancy. Descriptions regarding life instability were more frequent than reports of stability. Of the 51, coders found that 39 (66%) participants suggested life instability at the time of pregnancy. Participants reported having no job, no partner, or being kicked out of their family's home (e.g., lacking financial, practical, emotional, and social supports). One participant commented: "I was severely underemployed … when I found out I was pregnant I was in the process of being evicted from an apartment, so I didn't have anywhere to live" (*Amy, white, age 49 at time of interview, placed 23 years prior*). The remaining 12 of 51 (24%) participants shared details that contributed to feelings of stability at the time of pregnancy, such as having a degree, job, income, and support from others. Some still experienced instability; for instance, one participant relayed stable characteristics such as excelling at a job about which she was passionate and enjoying having the freedom of independence, yet struggled with suicidal ideation and estrangement from family. She explicitly commented:

> I really liked just being able to do whatever I wanted whenever I wanted. I was in excellent shape and enjoyed dressing up for nights out. I was working as a teacher … I loved my job … I was also often suicidal (*Sue, white, age 41 at time of interview, placed 16 years prior*).

Barriers to Decision Making. Freedom of choice and decision-making pressures were identified as contributing themes. Participants discussed in detail how their situation at the time of pregnancy played a role in whether they had a truly voluntary choice in relinquishment decision making. Of the 50 who responded to: "Did you ever feel that you were forced into placing [child] for adoption?" 32 (64%) indicated that their decision was not forced, and three (6%) participants reported feeling somewhat of forced into the relinquishment. The remaining 15 participants (30%) described feeling forced into the decision. Of those 15, seven (46%) placed their child over 20 years prior. Some shared that if their life circumstances were even just slightly better, they would have had more freedom to choose to parent. Donna (*white, age 66 at time of interview, placed 48 years prior*) said, "we just couldn't get access to any kind of services." Others shared that such unsupportive experiences and external pressures influenced their relinquishment decision during their pregnancy, including Taylor (*white, age 30 at time of interview, placed 5 years prior*), stating that the decision, "was pushed on me [more] than it was … my decision." This contributing theme highlights that some birth mothers felt strongly that the relinquishment was forced upon them (while others felt that placement was voluntary).

It seemed necessary for birth mothers' decisions to be understood within their unique contexts and factors. One notable factor reflective of this contributing theme was having experienced a trauma (e.g., sexual assault, domestic violence). Participants recounted various traumatic experiences that influenced their decision making. Ava became pregnant after being drugged and assaulted. She described that this played a role in placing her child for adoption:

> "Obviously did play a part in the decision-making process also because ya know that's kind of hard to have to explain to a child ya know one day because they're gonna of course ask, ya know, where their father is" (*Ava, white and Hispanic, age 36 at time of interview, placed 17 years prior*).

For some, legal barriers impacted choices surrounding pregnancy. Some participants were pregnant before *Roe versus Wade* legalized abortion. Therefore, the only legal options available for pregnant women were parenthood or relinquishing parental rights, as abortions were illegal or inaccessible. Donna (*white, age 66 at time of interview, placed 48 years prior*) described this limit: "Back then, that was before *Roe v. Wade* too. So, abortion was not legal."

Theme 2: Importance of Early Adequate Support. All participants ($N = 51$) responded to questions about their support experiences during pregnancy (e.g., first discovery of pregnancy status, considering options other than parenthood). Of the 51 participants who commented on: "With whom did you discuss the pregnancy?" six (12%) purposefully did not discuss their pregnancy with others. Of these six, four had relinquished parental rights over 20 years prior ($M = 25.08$). Thirteen (25%) purposefully disclosed to some but not others. The remaining 32 (63%) described discussing their pregnancy freely with others.

Hesitancy and Secrecy Behind Disclosure to Existing Support Networks. Some birth mothers noted discernable feelings of conflict in keeping their pregnancy hidden from certain people in their lives while sharing with others. Some described having all the support they needed despite withholding information about their pregnancy, suggesting that participants found means to acquire distinct support preplacement. Some participants told "need-to-know" people about their pregnancy and decision to place their child. Generally, these were people with whom birth mothers interacted regularly and who could visibly detect a possible pregnancy (e.g., bosses), or trusted confidants (e.g., friends). May (*white, age 67 at time of interview, placed 48 years prior*) shared the news with a trusted confidant before disclosing to others: "… my best friend … she took me to a doctor just to confirm it. And then I waited as long as I could before saying anything to my parents. And so she was the only one that knew." Some participants faced considerable risk if they shared their pregnancy, so they decided to keep it hidden. For example, Morgan (*white, age 30 at time of interview, placed 12 years prior*) discussed how her mother threatened her after discovering about her hidden pregnancy: "My mom … at one point told me that if I decided to keep her [birth child], I could no longer live with her, I'll have to move out."

The six participants (12%) who made the choice to not discuss their pregnancy with anybody reported great feelings of distress. Each made remarks that characterized risk-ridden relationship dynamics. Rachel (*white, age 44 at time of interview, placed 24*

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years prior) explained the complexity behind finally having to tell the birth father's mother of her pregnancy:

> We [participant and birth father] kind of kept it a secret for a while because I was terrified to tell [birth father's mother] … but we finally told his mom at about 7 months. We brought her to a restaurant in the city. We went because we knew that she couldn't make a scene there … we told her, and she yelled, 'Are you out of your f**king minds?!'

The belief that you could do greater harm by keeping your child as a single parent was commonly insinuated within religious communities, often described by participants affiliated with religious institutions during preplacement. Teresa (*white, age 75 at time of interview, placed 51 years prior*) felt convinced she was unfit to take care of her child:

> The pressure on a birth mother was unbelievable. All, everything came down on you … your culture, your neighborhood, your church, came down on you like a ton of bricks … you were convinced … that you are unfit to take care of that child.

Victoria (*Hispanic, age 29 at time of interview, placed 8 years prior*) described feeling immense pressure from her parents:

> My parents were fighting more than what I ever could remember, and they were just like, "She's ruining her life, she needs to get married, if she doesn't do this, she's gonna destroy this baby's life" … I think my parents didn't realize how much that I heard them say … under their breath or behind closed doors.

While religious organizations and beliefs offered support to some, participants overwhelmingly described how more pressure than support came from religious environments at this time.

Personal Relationships as Providers of Support. A clear source of distress in the preplacement phase was when emotional support from family members was lacking. Regarding responses to this question, "How did your family react to the pregnancy?" 21 (49%) of 43 birth mothers indicated their family had mixed feelings. Some felt familial support in certain ways but not in others. Some felt neither supported nor unsupported from family. Seventeen (40%) birth mothers felt that their family was unsupportive of their pregnancy and five (12%) felt that their family was supportive. Unsupportive confidants included parents, such as for Deborah (*white, age 61 at time of interview, placed 42 years prior*), who described what happened when she disclosed the pregnancy: "I could not continue to live there if I decided to keep the baby … he [Deborah's father] wasn't going to raise my 'brat' … he [Deborah's father] was trying to sell the baby on the black market." In disclosing pregnancy to unsupportive (or even abusive) family members, birth mothers described how the event generated lasting tension to the present day.

In contrast, emotional support from a trusted confidant was helpful during pregnancy. Claudia (*white and Mexican, age 25 at time of interview, placed 2 years prior*) said, "I had a group of people who … cared about me and my emotional state." Brittany (*white, age 25 at time of interview, placed 2 years prior*) noted: "I had so much support from my sister … she's my best friend … I feel like it definitely made it easier." Additionally, responses to this question: "*how did others (friends, coworkers, etc.) react to the pregnancy?*" indicated that 26 (37%) of 40 felt at least some helpful support from friends and others during pregnancy. Shannon (*white, age 41 at the time of the interview, placed 8 years prior*) said:

> I had one friend … who did her best to really help me out … and give me some emotional support which I felt so thankful for because when she was around it was the only time that … I didn't feel completely alone.

Having such a source of emotional support during pregnancy was clearly beneficial to birth mothers.

In the case of family and friends offering social and/or emotional support, many birth mothers described these supports as somewhat manipulative and pressuring to place their child. Sue (*white, age 41 at time of interview, placed 16 years prior*) expressed that although her parents and sister were supportive and always said how proud they were, "none of them could accept when I expressed sadness or regret." This illustrated the confines of social and emotional support offered to birth mothers in the preplacement phase. Contemplation in early decision making was complicated by communicated disapproval by family and other support networks, heightened by relationship dynamics that were often constraining or rejecting. Participants recalled impactful judgements from support networks during the preplacement phase. Taylor (*white, age 30 at time of interview, placed 5 years prior*) reflected on her family's reaction: "They were stuck on the 'adoption's my only option' so then there was no being able to raise him."

Further complicating preplacement experiences (and beyond) was the role of the birth father. Of the 47 who responded to: *How did the baby's [father/other birth parent] react to the pregnancy*, 27 (57%) said the birth father was entirely *un*supportive of the pregnancy. Some emphasized that the birth father was a driving force to keep the pregnancy secret. Stephanie (*white, age 36 at time of interview, placed 12 and 10 years prior*) said:

> [birth father] told me to get rid of it, to take care of it because he couldn't be a dad … I had to keep my pregnancy a secret from a lot of friends and family for the birth dad, because he was embarrassed of me.

Those connected to unsupportive birth fathers described going the placement process without his input.

During Placement

This phase was characterized as emotionally difficult and a crucial time to acquire vital information. Participants commonly felt unprepared for their emotional experiences and the legal proceedings. Two overarching themes distinguished this phase: (c) *an emotionally complex process* and (d) *access to timely information*. Relevant contributing themes are discussed below.

Theme 3: An Emotionally Complex Process. Participants responded to questions about their emotional health during their placement experience. From the 50 participants who answered: "*How did you feel about being pregnant?*" 29 (58%) mentioned mostly negative feelings, 11 (22%) described mostly positive feelings, and 10 (20%) noted both positive and negative feelings. Participants' accounts of emotions and feelings while pregnant contributed to the finding that emotional responses varied throughout the placement process, which represented an overarching theme. From the 50 participants who responded to: "Who supported you in your decision?" nine (18%) did not feel any support from any of their family, friends, or significant other. Some participants appeared to

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have difficulty in describing their feelings about this, and some had a stronger emotional reaction (e.g., crying). Many alluded to their emotional experiences as too hard to bear and actively attempted to suppress their feelings at the time as a way to cope, such as Ava (*white and Hispanic, age 36 at time of interview, placed 17 years prior*), who stated, "The worst part about it was obviously there was so many different emotions because this was a life-changing decision … I definitely feel like I had to make myself somewhat numb to be able to get through it …"

Emotional Hospital Experience. The hospital stay during and after the birth often involved a strong emotional experience. Narratives were characterized by emotional avoidance or containment, as well as guilt, loss, isolation, and avoidance. To the following inquiry: "Please describe your feelings during your hospital stay with the baby just after giving birth," 35 of 51 respondents (69%) relayed negative feelings related to their hospital stay. These feelings seemed prompted via three different avenues: the impending grief of relinquishment, tension with birth and/or adoptive family, and unacceptable actions by hospital and/or agency personnel.

Most birth mothers arranged for their child to go home with adoptive parents or a foster family, and most wanted every possible chance to bond with their newborn. Sue (*white, age 41 at time of interview, placed 16 years prior*) said: "I held and bottle-fed my daughter … I spent time with her all 3 days." This was not the case for all participants, as some avoided contact to cope with the loss. For instance, Melissa (*white, age 29 at time of interview, placed 8.5 years prior*) said, "I blocked a lot of my feelings and emotions. I ate a lot. [Birth child] stayed in a separate postpartum room with his new parents and this was due to my request, not theirs."

Some birth mothers described growing tensions with the adoptive parents. Grief, loss, frustration, guilt, and anxiety were described by birth mothers who desired bonding time with their child. There seemed underlying pressure to appease the needs of adoptive parents in hopes that they would fulfill promises of future contact. Birth mothers described pressure they felt to not communicate their needs to the adoptive parents as related to fear of retaliation. This is summarized by Victoria (*Hispanic, age 29 at time of interview, placed 8 years prior*):

> You feel guilty for bonding 'cuz you're like, well, I'm not gonna keep [birth child] … I did not want them [adoptive parents] there, I wanted [adoptive parents] to leave but I didn't know how to be forward … I didn't wanna be rude, so I just stayed quiet.

Others mentioned that adoptive parents positively enhanced their hospital experience. The presence of adoptive parents allowed for shared emotional vulnerability. Among birth mothers with positive ties to adoptive parents, the birthing experience was often reflected upon positively. Emily (*white, age 25 at time of interview, placed 6 years prior*) described her experience as positive and acknowledged feeling emotionally supported by the adoptive parents:

> [Adoptive parents] always made sure to make us comfortable and make the decisions for the birth and pregnancy … They ended up staying in our town for an extra couple of weeks, so they didn't feel like he was ripped away from us so soon … Everyone got the same love and affection and needs filled from [birth child] and the [adoptive parents]. Their happiness and love made the experience what it was.

In contrast, Dawn (*white, age 54 at time of interview, placed 35 years prior*) shared a negative hospital experience:

> [Hospital staff] immediately removed [birth child], I have no idea where and took me back to the room and I began the process of asking to see him, I did get a shot, I learned about that later … to dry up my milk, which I did not request and would not have wanted because I was planning on nursing for three days.

Interactions of some birth mothers with hospital staff led to distrust and implied inadequate emotional (and practical) support.

Additionally, responses to this question: "*Did any members of your family or the adoptive family come visit in the hospital?*" revealed that 37 participants (49%) had their own family or adoptive family members present during their hospital stay. Thus, this time marked an opportunity birth mothers to experience social and emotional support. As implied by birth mothers, quality supports at this point in the relinquishment process was highly beneficial.

Participants with positive experiences in the hospital were highlighted by emotional and social support from trusted confidants (e.g., family members, friends). Some described the birth as a unifying moment for their family, like Sue (*white, 41 at time of interview, placed 16 years prior*), who stated, "At the time, it felt like my daughter had brought the whole family together." Participants' descriptions provided insight that with available emotional support, it is possible for birth mothers to have a positive and unifying experience birthing experience.

Theme 4: Access to Timely Information. This overarching theme regards information (e.g., legal routes regaining parental rights) given to birth mothers via online resources, adoption agencies, or lawyers. At times information was received too late, generating feelings of regret and guilt. Further, this theme highlights the importance of organizations that offer resources and timely options to pregnant people. Responses to: "Did you feel supported during your pregnancy?" revealed that 25 of 50 (50%) felt supported, 17 (34%) felt unsupported, and eight (16%) felt both supported *and* unsupported.

"I Didn't Know". This contributing theme reflected a common direct response by participants who discussed not being provided information. During the placement process, challenges included inaccessible information from adoption agencies, agency workers, social workers, health care providers, or affiliated organizations. From the 41 responses to this prompt: "Did you work with an adoption agency and if so, did the agency offer you any form of help?" the majority, 39 (95%), used an agency, and two of these 39 (5%) used one that offered no supports (e.g., classes, counseling, financial supports). Two (5%) did not use an agency. A common shared experience with adoption agencies was disconnect and conflicting communication about options, which left birth mothers feeling uninformed about alternatives, unprepared, and isolated during placement. For instance, Dawn (*white, age 54 at time of interview, placed 35 years prior*) said "I mean, one can only make a choice when there are really a range of choices and can be informed about the pros and cons of each of them. And I say that absolutely did not happen."

Victoria (*Hispanic, age 29 at time of interview, placed 8 years prior*) noted the importance of information at the right time and later feelings of regret:

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> I wish that someone gave me the education and the material and the resources. Then I could've done it … I'm like, 'Man if someone told me about these resources instead of saying I'm a sinner, then I could've made it happen' and I would've you know?

Access to Informational Support. Birth mothers who had timely and accessible resources described them as imperative to their adjustment. Claudia (*white and Mexican, age 25 at time of interview, placed 2 years prior*) noted that access to resources early in the pregnancy eased postplacement adjustment: "When the time came we weren't like, completely devastated in this like awful deep depression … because we had all these resources for us to use … . it was really awesome." Morgan (*white, age 30 at time of interview, placed 12 years prior*) emphasized the usefulness of comprehensive information on alternatives before choosing to place into adoption: "I did go to Planned Parenthood and I actually heard them talk to me about each side of the spectrum, so, abortion, adoption, and keeping. And that was very informational … because that was a good starting point for me." The informational support offered by Planned Parenthood allowed Morgan to make an informed choice relating to the pregnancy. For birth mothers choosing to not work with an agency, they turned to other avenues. One participant said, "I didn't have a counselor or an agency or anything like that. It was all self-education. Yay for the internet, right?" (*Hannah, white, age 27 at time of interview, placed 2 years prior*).

Regarding the above question, "Did you work with an adoption agency and if so, did the agency offer you any form of help?" 29 out of the 39 (74%) that discussed having at least one form of agency assistance (e.g., financial, emotional, informational, practical) were more satisfied in their decision than those without a form of support. When participants had a positive experience with their adoption agency, they mentioned this as a great resource for financial, informational, and emotional help during placement. When participants were able to choose the agency, they mentioned that a quality reputation, location, or personal connections were influential. Morgan (*white, age 30 at time of interview, placed 12 years prior*) said "I needed somebody that could actually provide me with information and help me along the way." When the agency was able to provide these options, like in Morgan's case, the agency was seen as a great resource. Morgan later stated, "They [adoption agency] are more than willing to help."

Pressure From Adoption Agencies. However, not *all* birth mothers had a positive experience working with the adoption agency. Some agencies discouraged birth mothers to consider alternative options (e.g., parenthood, abortion). Further, some agencies alluded to having no alternatives, creating pressure to relinquish rights. Victoria (*Hispanic, age 29 at time of interview, placed 8 years prior*) stated:

> There was a lot of a lot of pressure and at that time I just saw it as, "Oh [adoption agency] is guiding me they're helping me," but looking back … I'm like … "They [adoption agency] pressured me so bad I can't believe I survived."

Power Imbalances. Throughout the placement process, several participants spoke about the substantial implications of receiving support and information, particularly on power differentials and imbalances against birth mothers. Feelings of inequality commonly surfaced between birth mothers and agencies, attorneys, and adoptive parents. Some identified the power of agencies in coercive persuasion. Dawn (*white, age 54 at time of interview, placed 35 years prior*) asserted: "the extent that an adoptive family gets to insert themselves in any way in a woman's pregnancy, I feel strongly that that's coerced persuasion." Birth mothers shoulder the burden of shame from various sources, including from adoptive parents. Even with the best intentions, the power imbalance between adoptive parents and birth mothers can undermine the well-being of birth mothers during this phase. Rebecca (*white, age 47 at time of interview, placed 20 years prior*) discussed feeling inferior and without a voice during the placement process:

> I felt like such a loser … that all these other people—the attorney, the prospective adoptive parents, like, "They're all better than me, they're all smarter than me, they all have more money than I do" … there was such a power differential that I felt I should be grateful.

Postplacement

This phase captures birth mothers' sustained emotion management after relinquishment. Birth mothers expressed various needs related to their postplacement emotional experiences. Participants commonly alluded to positive and frequent contact with their birth child as supporting healthy adjustment. Two overarching themes distinguished the postplacement phase: (e) *feeling ready to utilize resources* and (f) c*oping with ongoing adjustment needs*. Three contributing themes (counseling, peer support, and addressing unmet needs) are discussed below.

Theme 5: Feeling Ready to Utilize Resources. This overarching theme detailed participants' willingness to engage with resources and share experiences with others postplacement. Of the 43 who responded to "after the pregnancy, what kind of support, if any did you receive from the agency or others?" 27 (63%) noted receiving at least form of social, emotional, and/or financial support postplacement via their agency or others. Some birth mothers were actively involved in various postplacement resources (e.g., joining Facebook groups, writing books, engaging in adoption research, attending adoption foundations retreats). Differences seemed to reflect individual coping strategies.

Counseling. One resource utilized by participants postplacement was counseling services. Of those who identified receiving any social or emotional support postplacement, 24 (56%) described seeking counseling services offered by the adoption agency after placement. Counseling was often described as a positive and safe space to work through feelings of loss and grief. After being asked, "Do you feel like your mental and emotional health improved after those 2 years of therapy?" Cynthia (*white, age 73 at time of interview, placed 47 years prior*) stated, "Yes! I do think so." For a few, however, counseling experiences were more harmful than beneficial. For example, Sarah (*white, age 40 at time of interview, placed 5 years prior*) disclosed what happened with her adoption agency, "They offered 'counseling,' but the counselors had an agenda and were clearly attempting coercion. I did not trust them." Nicole (*white, age 38 at time of interview, placed 8 years prior*) shared a similar experience:

> The agency provided what they called counseling, which I don't consider counseling because there was no confidentiality involved. I would talk about what I was going through and my social worker would

> take notes. Those notes were what became my file about who I was and who this child was. Those were shared with the adoptive parents.

Peer Support. Involvement in birth mother support groups postplacement was perceived as particularly valuable to overall adjustment. Every participant who discussed involvement in birth mother groups regarded their experience of membership to be positive. Connections to various peer support groups were made through birth mothers' respective adoption agencies and through individual searches. Mackenzie (*white, age 31 at time of interview, placed 2 years prior*) described her agency's peer and social support group events as beneficial: "We have a support group lunch every month, it's awesome. We also have our own secret Facebook page with all the girls from the agency, it's very helpful." Brittany (*white, age 25 at time of interview, placed 2 years prior*) gave her impression of joining a new birth parent support group hosted by her adoption agency: "It was a little emotional of course but I feel like it does help." Christina (*white, age 34 at time of interview, placed 8 months prior*) also noted feeling less stigmatized:

> I found [organization] and they held an event last Sunday. I actually met birth mothers there and even they signed me up for a retreat … it's helpful because you meet people who also have been through this and … it makes it seem like your life is not as crazy as you thought because other people … have that experience.

As such, birth mothers' positive feelings related to support groups (that provide resources, support, and community) seemed helpful in a variety of ways to postplacement adjustment.

Notably, birth mothers perceived their participation in this research as a positive experience and expressed gratitude for the opportunity to openly share their experience. Some, like Amy (*white, age 49 at time of interview, placed 23 years prior*), indicated minimal opportunity to communicate her whole experience: "I appreciate that this study is being done. Nobody wants to hear from the birth mothers." Several participants expressed their emotions when responding to interview questions and described the interview as therapeutic. Others asked for resources available in their communities or if other participants shared similar experiences.

Theme 6: Coping With Ongoing Adjustment Needs. This theme highlighted birth mothers' postplacement support needs. To the following question: "Have you noticed any changes (e.g., improvements or declines) in your health (e.g., physical, mental, emotional) since the time of placement?," 36 of 45 (80%) mentioned noticing changes in their health since placement. Participants' responses involved more reports of difficulties related to their emotional adjustment compared to physical adjustment. Participants engaged in various approaches to cope with adjustment. Some birth mothers alluded to maladaptive coping strategies (e.g., drinking), particularly when support lacked, suggesting attempts to escape from intense emotions. Others described positive coping (e.g., reaching out to trusted others, gaining closer relationships to their birth child and adoptive family, reunification with their birth child). Lasting emotional symptoms identified by birth mothers in describing their emotional health status included feelings of shame, depression, grief, despair, and guilt.

Addressing Unmet Needs. This contributing theme highlighted birth mothers' needs and perceptions of support after placement. A need was evident for birth mothers to redefine their sense of self, as well as an implied struggle of renegotiating an identity as a birth and "normal" parent. Those who identified specifically as a birth mother advocate seemed at an advantage in their adjustment following relinquishment. One participant cultivated her advocacy by writing a book about her story with hopes her experience could be supportive to others. Another found purpose in talking on panels and hosting workshops to break stigma: "I'm extremely passionate about changing the view that people have, the incorrect perception that people think that they have about birth mothers" (*Sharon, white, age 35 at time of interview, placed 12 years prior*).

Closure and acceptance seemed important for birth mothers. Some described external factors that impacted their agency and some addressed their intentions surrounding the difficult decision. Of the 49 who responded to: "Did you have a role in choosing adoption for [child]?" nine (18%) felt they did not have a role in choosing adoption. Of the nine who did not have agency over their decision, six (67%) of those birth mothers had relinquished rights over 20 years prior. Donna (*white, age 66 at time of interview, placed 48 years prior*) illustrated this point, stating, "I think society kind of forced us … there was no support." Like other participants, Mackenzie (*white, age 33 at time of interview, placed 2 years prior*) shared her intentions behind her decision, stating, "I knew I could not provide the life I wanted [birth child] to have … I wanted him to have stability, to be financially secure, and most of all loved unconditionally. I choose adoption for his best interest." Similarly, Sharon (*white, age 35 at time of interview, placed 12 years prior*) wrote letters to her birth child in hopes of 1 day sharing them: "I wrote a letter to [birth child] that I still have, just to explain the why and where I was … I wanted better for him than I could give him." In these ways, resolution and confidence about the decision were salient for birth mothers.

Birth mothers commonly identified benefits to reunification or open communication with their birth child. Of 50 respondents, 38 (76%) had open or frequent contact with the child at the time of interview. Although views on reunification varied based on multiple factors (e.g., type of adoption, time since placement, geographic constraints), reunions appeared to provide closure, especially for those who placed over 25 years prior ($n = 13$). One participant's response is reminiscent of this idea, as she described her reunion experience. She reflected on evolved dynamics between herself and the birth child, sharing her awe upon learning that her birth child named their own child after her. She responded to the news by telling her birth child, "I feel like you have forgiven me for putting you up for adoption" (*Erin, white, age 62 at time of interview, placed 40 years prior*). Another participant shared her journey to gain closure in which she and her birth child went back to the hospital where she had given birth to him:

> After [birth child] and I met we went back to the hospital, and I think that was kind of a closure for me. The hospital actually let us go into the room that he was born. … then I was able to leave the hospital with [birth child]. And that really gave me so much closure (*May, white, age 67 at time of interview, placed 48 years prior*).

In sum, birth mothers' postplacement contact can involve ongoing challenges, but later reunification can provide benefits to well-being.

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Discussion

As prior research demonstrates, access to useful forms of support (e.g., social, peer, emotional, practical) throughout the placement process benefits birth mothers (D. Brodzinsky & Smith, 2014; Clemens, 2020; E. E. Madden et al., 2018). Our findings underscore how diverse forms of support are vital throughout and after placement. The results extend the field by identifying the most beneficial supports during different phases of the placement process. As such, this study provides important insights into systems of support that can affect birth mothers before, during, and after placement. Findings highlight that existing power structures, limitations of support, and adoption norms play key roles in birth mother well-being. Results should be utilized by adoption agencies when creating programs to support birth mothers throughout the placement process, or health care workers when they have a patient who is planning to relinquish parental rights.

In this study, each theme: *impact of lived circumstances*, *importance of early adequate support* (preplacement); *an emotionally complex process, access to timely information* (during placement); and *feeling ready to utilize resources,* and *coping with ongoing adjustment needs* (postplacement) characterized the respective phase. Overarching and contributing themes were found to be interconnected. Birth mothers often had parallel experiences to one another, especially as related to phase (pre-, during, postplacement). However, birth mothers who placed more than 25 years prior mentioned the inadequate levels of received social support preplacement.

Addressing the first research question (i.e., *Do birth mothers feel supported during the placement process?*), approximately half of the birth mothers felt supported during their pregnancy. Those lacking support and facing additional life stressors at the time of pregnancy raised concerns about parenthood, aligning with social support perspectives (Kahn & Antonucci, 1980). Further, our findings indicate that negative social perceptions and stigma influenced how open participants were in sharing adoption plans with others (e.g., family, friends, and coworkers; March, 2014; Neil, 2013). Unstable preplacement circumstances influenced many birth mothers' decisions regarding relinquishment and appeared to heighten negative postplacement outcomes. The influence of lived circumstance surrounded birth mothers' perceptions of their own stability during pregnancy (Theme 1). Depending on availability of emotional, financial, or informational support at the time of pregnancy, there were indications that stability (e.g., employment, trusted confidant) or instability (e.g., abusive relationship) was impactful to experiences of support. Regardless of circumstances, birth mothers faced complicated emotions after placement, highlighting long-term effects of immense pressure and stress.

Results suggest the importance of time since placement in considering birth mother supports, addressing part of our first research question about the role of time since placement. Participants who placed more than 25 years prior voiced less perceived social support than those who placed more recently, aligned with earlier research (E. E. Madden et al., 2018). This may be due to inaccessibility (e.g., limited social media) or greater stigma at the time of placement (Wyman Battalen et al., 2019). It was not until decades postplacement that birth mothers who placed over 25 years prior began receiving social support. Sources of support differed depending on time since placement; we found earlier social and informational support sources to be more extensive among those who placed more recently. This may be due to the changing openness norms as open adoptions have gained momentum in the past 20 years (Nelson, 2020).

Peer support was observed as especially connected to perceptions of support among participants (Theme 5), and addressing our second research question about the sources of support that birth mothers describe. This result is consistent with themes found in earlier research (Frame et al., 2006; Perl & Skimming, 1997). Those involved in support groups found a safe community space where their emotions were heard, validated, and acknowledged. Engaging with others with shared experiences appeared to be key in postplacement adjustment. When peer support was present during any phase of placement, participants described feeling high levels of support.

Several themes helped to address our second research question about when supports were most beneficial. Theme 2 suggested that before placement, birth mothers often actively assessed risks when disclosing pregnancy or adoption plans, and participants tended to benefit more from supports outside the family (e.g., friends) than from family supports. Birth mothers reported mixed support from family, possibly feeling supported in their pregnancy, but not in their relinquishment decision, or vice versa. If birth mothers chose to uphold full secrecy about their pregnancy or placement plans, postplacement expressions of shame and guilt were evident, paralleling existing scholarship (Deykin et al., 1984; Henney et al., 2007). Purposeful boundaries with support sources throughout the placement process also appeared salient to birth mothers. There were times in which well-meaning social or emotional supports had done more harm than help. One example stemmed from adoptive parents during placement: while adoptive parents may have had the best intentions, they could have contributed to internalized feelings of inadequacy among birth mothers as related to access to information (Theme 4).

We examined birth mothers' postplacement well-being in association with support, as connected to our third research question about how sources of support appear connected with birth mothers' well-being. Although participants were not formally asked about grief, long-lasting distress symptoms were prevalent (Theme 6; Aloi, 2009). Those who endured trauma before or during pregnancy often described additional complications, indicating a greater need for support. Identity negotiations surrounding motherhood identity and thinking about their birth child were common. When birth mothers received informational support during their pregnancy (Theme 4) and felt agency over their relinquishment decision, they appeared to show improved postplacement adjustment. Our findings also add to evidence that consistent openness in contact between birth mothers and adoptive families, including their birth child, contributes to closure and satisfaction, as well as reductions in intense grief (Grotevant, 2020; E. E. Madden et al., 2018).

Finally, findings suggest that having access to practical and informational supports before and during placement appeared especially beneficial to birth mothers' long-term well-being. These results address our third research question, again about how sources of support seem connected to well-being. When participants had reported that they had specifically chosen adoption after deliberating between all potential options, they appeared to have an easier adjustment period postplacement. Regardless of when placement occurred, participants had similar feelings of being uninformed about their options. The timing of practical support (e.g., information) was regarded as essential

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(Theme 4), expanding scholarly knowledge about what birth mothers are told about the relinquishment process. This information reinforces the importance of timely and accurate preplacement informational support.

Implications, Limitations, and Future Research Directions

Our findings point to implications and recommendations to adequately support birth mothers. First, the importance of early assistance and informational support from adoption agency staff and other professionals (e.g., adoption lawyers, social workers) was directly expressed by participants. Information given to those considering relinquishment is often inconsistent or provided at nonideal times (Clemens, 2020; E. Madden et al., 2017). It is vital for those considering relinquishment to have all necessary information, helped by adoption professionals to ensure a clear understanding of their involvement and to be aware of all options and assistance available (E. Madden et al., 2017). Second, training designed for health professionals needs to address how to ensure compassionate care for birth mothers, as the birthing experience must be handled with sensitivity. Mental health professionals should guide birth mothers through difficult emotions and unresolved grief that could impede the continuous healing process. Adoption professionals should acknowledge and grapple with their privilege, power imbalances, and structural inequalities often inherent to adoptive placements and decision making. Findings could inform adoption agencies in cultivating effective programing, which could emphasize enduring and high-quality contact with adoptive families (Grotevant, 2020; E. E. Madden et al., 2018; Wyman Battalen et al., 2019), or peer support groups for birth mothers. Finally, our results may inform policymakers and practitioners who seek budget justification for organizations that provide timely informational supports to pregnant individuals, such as Planned Parenthood.

As with all research, our findings are not without limitations. First, participants self-selected participation, and therefore potentially represent a sample with relatively salient experiences. Our sample of participants does not include representation to those involved in adoption pathways beyond private domestic adoption in the U.S., such as those interfacing with the child welfare system. Additionally, our results may not reflect a representative of other birth relatives as we focused on birth mothers; future research would benefit from including birth fathers. Given the present sample was predominantly white, present findings are limited in applicability to those diverse in race and ethnicity. Future scholarship should deeply examine power differentials between birth mothers and others (e.g., adoption professionals, adoptive parents). Future research could explore coping strategies that birth mothers utilized postplacement, or suggest programming supports that would be useful across the placement process.

Conclusion

Many birth mothers are inadequately supported following a child relinquishment decision, which has long-term consequences for the overall well-being and adjustment of individuals involved (Aloi, 2009). Our findings offer new insights into received supports birth mother throughout the placement process. Among this understudied population, findings provide illustrations of the myriad and complex experiences that birth mothers face throughout the relinquishment process, as well as their social, emotional, practical, and peer support needs. Our results call for health care workers to utilize findings in offering comprehensive informational supports to pregnant people, as well as supports for organizations that can provide time-sensitive information as needed. Further, results can inform practice and policy related to the importance of peer support groups for birth mothers, provided by adoption agencies and other organizations.

Keywords: birth mothers, adoption, support, adjustment, relinquishment

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