

FROM THE EDITORS OF

**ADOPTIVE  
FAMILIES**

# Welcome Home

A GUIDE TO BONDING WITH YOUR BABY AFTER ADOPTION



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## A Guide to Bonding with Your Baby After Adoption

In a 2001 issue of *Adoptive Families*, author Judy Rader wrote:

“For months the thought of adopting a stranger’s infant plunged me deep into the despair that was my constant companion.... Yet a few weeks after our adoption, I knew I was hopelessly smitten and forever changed. Still the thought came to me, unbidden and slightly shameful: ‘I’m mothering someone else’s baby.’ Sometimes I felt like an imposter.... Then came the watershed moment, our finalization court date. When I woke up in a cold sweat at the thought of something going wrong with the adoption, I realized how fully I felt myself to be Allison’s mother. And now my attachment is so fierce, it takes my breath away. I have rocked her for a thousand hours, kissed 10,000 boo-boos, answered a million “whys.” We have giggled uproariously and snuggled together until we fall asleep. She is my daughter.”

If there’s one topic that prompts insecurity and anxiety among pro-adopters, it is that of bonding and attachment. Although, intellectually, we may know what researchers have shown repeatedly—adoptive families form bonds as successfully and intensely as biological families—nagging doubts remain. Will it happen in our family? Will we do something wrong in the early weeks or months that might impede attachment?

Although excellent literature on bonding and attachment with older children exists, there is remarkably little in the way of a roadmap for parents adopting a newborn or a child under age one. With the notable exceptions of two excellent books from Perspectives Press (*Launching a Baby’s Adoption* and *Attaching in Adoption*), adoptive parents of infants are somewhat on their own.

The truth is that bonding is a process, a reciprocal process, which simply takes time, in all families. As you’ll read in the pages that follow, attachment emerges quite naturally through your very responsiveness to your child, as described so vividly by Rader above. In this booklet, we focused on the first weeks and months after your baby comes home, with the ambitious goal of describing the kind of baby care that enhances attachment in the adoptive family.

There is much more that we wanted to include, but space simply prohibited it. Please visit the *Adoptive Families* special Web site “Bonding with Your Baby,” at [www.adoptivefamilies.com/bonding](http://www.adoptivefamilies.com/bonding), for an extensive selection of articles on related topics, including:

- >> the family bed and other sleep strategies
- >> Early Intervention programs
- >> welcome home and “gotcha day” celebrations
- >> breastfeeding the adopted child
- >> post-adoption depression
- >> telling the adoption story in scrapbooks and lifebooks
- >> how to talk about adoption from the earliest ages
- >> and much more....

I would like to thank our extraordinary team of writers, virtually all M.D.’s or Ph.D.’s, for their contributions to this Welcome Home booklet. Marybeth Lambe and JoAnne Solchany provided extensive information specific to adoptive families based on their years of experience, as did Deborah Borchers, Sarah Springer, Elliot Grossman, and Fran Eisenman. These committed individuals are breaking new ground in their practices with adoptive families and in their writing about their findings.

Susan Caughman  
Editor, *Adoptive Families*

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### Welcome Home A Guide to Bonding with Your Baby After Adoption

From the editors of *Adoptive Families* magazine  
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## Meeting Your Baby

The first few days with your new baby will bring a cornucopia of emotions. Here's how to focus on what counts—bonding with your baby.

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**Y**ou've just met your baby and you're thrilled! You're also nervous, proud, frightened, exhilarated, anxious, numb—you name it. An adoptive parent's joy over a new baby is undeniable. Yet it may be tempered by anxiety, partic-

ularly if your road to parenthood included infertility struggles, dashed hopes, and financial strain. It's also possible that you're worried about bonding. I'm here to tell you that these are all normal emotions, and that you will be fine.

Some parents feel an instant bond when they first meet and hold their infant. For most, however, bonding is a gradual process, taking weeks and sometimes months. More than 50 percent of adoptive parents, when asked to recall those first days and weeks, report that they felt more numb and scared than connected and competent.

You may meet your infant in a hospital room, a hotel room, an airport, or at home, in a quiet room or amid a bustling group. Your child may snuggle into your arms or pull away and cry. Some infants become withdrawn and unresponsive, while others light up with a smile. The more you've prepared by talking with other adoptive parents about the wide range of experiences, the less likely you are to feel taken aback by your baby's reaction.

All infants, even newborns, need time to adjust and connect with a new environment and family. They may avoid eye contact, become fussy, refuse to take a bottle, sleep excessively or not at all. This has nothing to do with your parenting skills or whether or not you gave birth to this child. Only when, in a very rare occurrence, a baby refuses most bottles and has fewer than six wet diapers a day is there cause for concern and medical attention. So, try to relax and give your baby time



## A Little Information Goes a Long Way

Now is the time to obtain and record information about your child's past, while it is most accessible. Information you gather now may be precious in years to come. Ask the child's birth relatives about medical history, or his most recent caretaker for eating and sleeping details. Do not trust yourself to remember what you hear—write it down!

**1 Your child's recent eating and sleeping schedule.** How much formula does she take and what kind? How does he like to be held or comforted? Ask for names of caretakers. If not a newborn, has your baby ever been sick or in the hospital? Ask the caretaker if you can keep the blanket or clothing you received your child in, and resist the urge to wash these clothes right away. The familiar smell may be a comfort to your infant in those first days.

**2 Record the medical details of your child's birth measurements.** Get the results of metabolic screening tests such as PKU or thyroid, information about developmental milestones, and all records of immunizations, transfusions, and past or present medications.

**3 Record as much information as possible** about the age, health, and genetic origins of the birth parents and birth siblings. Ask about genetic conditions in the family, such as diabetes, early-onset heart disease, and breast or colon cancer.

**4 Write down a description of the birthmother's pregnancy** and labor and delivery, including prenatal care, maternal lifestyle, and infectious diseases; get the results of any lab tests during pregnancy, such as maternal infectious diseases screening.

to acclimate. These ideas can help:

- **Appeal to your baby's senses.** Hold off washing the outfit he came home in, and keep it near him in the crib. Newborns are very sensitive to smell and can be comforted by a familiar aroma.

- **Avoid excessive eye contact.** Even a newborn will let you know when it's too much—he'll look away, close his eyes, or fuss. Give him time.

- **Speak quietly and move with gentle motion.** Most infants will startle at sudden movement.

- **Leave the room as little as possible.** If you can, stay in the hotel room, rest, and hold your baby or rock or croon to him—these early moments of bonding are priceless. Try to avoid distracting visitors, noise, or commotion.

- **Snuggle up.** Hold your infant as much as possible to facilitate bonding. A baby cannot be spoiled by too much holding time. Consider

a baby sling or front carrier; most infants prefer being securely swaddled. Like a baby kangaroo, your

child will benefit from close contact.

- **Be patient with yourself, your spouse, and your infant.** Caring for a new baby in a hotel room in a strange city is exhausting. Give yourselves the gift of patience while you adjust.

- **Know your doctor beforehand.** You will have many questions during your first few days with your baby. So be sure, before your baby comes home, that you have a medical provider you can trust, one who will take your calls from the city where you meet your baby. (See below for how to find an adoption-sensitive doctor.)

Putting a diaper on backwards, fumbling with bottles and nipples, holding a slippery baby in bathwater—these are common struggles in the first days of parenthood. Relax. You will make many mistakes throughout your child's life. He will grow and thrive and love you in spite of them.

*Marybeth Lambe, M.D., is a family physician and adoptive mother who lives with her family in Washington State.*

## Finding a Physician

An adoption-sensitive pediatrician or family medicine physician brings special expertise in caring for your baby's medical and developmental needs.

Choosing a doctor is a big decision for any family, and the choice is especially important to adoptive families. There are several steps you can take to make your choice a good one.

Begin by asking your friends, neighbors, adoption support group members, and adoption agency for recommendations. With names in hand, check with the American Board of Medical Specialties and the American Academy of Pediatrics to find out which doctors are board-certified. Members of the American

Academy of Pediatrics' Section on Adoption and Foster Care will be knowledgeable about medical issues for children adopted domestically, internationally, and via foster care. They have the knowledge to evaluate referral information regarding birth-parent genetic history or substance abuse, as well as the effect of institutionalization on child development.

Schedule a short visit to meet a potential doctor (as well as his office staff), and ask some of the questions on the following page. Once you've

## Post-Adoption Checkups

- ✓ **DISEASE SCREENS:** Review risks of sexually transmitted diseases as well as blood-borne pathogens. Screen for hepatitis B surface antigen, hepatitis B surface antibody, and hepatitis B core antibody. Test for syphilis, hepatitis C, and HIV.
- ✓ **STOOL EXAMINATION:** For ova and parasites, giardia antigen, and bacterial culture. Three specimens, obtained 48 hours apart, are strongly recommended.
- ✓ **BLOOD COUNT:** Hemoglobin electrophoresis is recommended for children who are anemic and at risk for abnormal hemoglobins—those of African, Asian, or Mediterranean descent.
- ✓ **LEAD LEVEL TESTING**
- ✓ **METABOLIC SCREEN:** Include thyroid testing (TSH).
- ✓ **TUBERCULOSIS TESTING (PPD):** A test of 10 mm is

considered positive for children adopted internationally. Prior BCG immunization is not a contraindication for TB testing, and results should be read as if no BCG had been given.

- ✓ **URINALYSIS DIPSTICK**
- ✓ **IMMUNIZATION CHECK:** Validate immunizations for children adopted domestically. For those adopted internationally, most immunizations can be repeated without harm.
- ✓ **EVALUATION OF DEVELOPMENT**
- ✓ **VISION AND HEARING SCREENING**
- ✓ **REPEAT TESTING:** Six months after arrival in the U.S., children adopted internationally should have repeat testing for hepatitis B and C, HIV, and TB (with a repeat PPD test).

*From the American Academy of Pediatrics Red Book.*



### QUESTIONS TO ASK A POTENTIAL FAMILY DOCTOR

- 1 What is your philosophy about antibiotics?
- 2 What is your philosophy about vaccinations and immunizations?
- 3 Do you have daily phone-in hours?
- 4 Who covers for you when you are on vacation?
- 5 How do you feel about raising a child as a vegetarian?
- 6 What is the average wait for well-baby appointments?
- 7 To whom do you refer children who are developmentally delayed?
- 8 Describe your medical training and special areas of interest.

chosen a doctor, decide whether you'll consult your doctor or an adoption specialist to evaluate your child's referral information or to review birthparent medical history.

Once your baby is at home, make sure that all appropriate post-adoption screening is carried out upon your child's arrival home (see box).

In subsequent visits, you'll want to know that your child is reaching developmental milestones at the appropriate times. In adoptions where no genetic history is available, you'll want a medical professional with first-rate diagnostic skills to focus on areas of possible concern. The medical professional whom you select will be involved throughout your child's growing years, so you, and your children, will need to be comfortable with him or her as your child grows.

*Compiled from articles by Elliot A. Grossman, M.D., Deborah Borchers, M.D., and Marybeth Lambe, M.D.*

## Your Baby, Yourself

Your baby needs your full attention now. Here are some tips for keeping happy, healthy, and focused on the new priority in your life.

At last, after months of waiting, your child is home. Adoptive parents may worry that missing out on pregnancy or their infant's first days or months will impede attachment. In fact, for both biologic and adoptive families, attachment is almost always a journey, not an instant event. It takes time to get to know your child, to develop the rhythm and confidence to parent. In these first days, it is vital that you take care of only the essentials—your partner and your baby. Avoiding other claims on your attention will enhance your ability to bond. Much as you want to show off your new baby, use the first weeks to

get acquainted at your own pace.

Remember that, in these first weeks, you and your baby are in transition. You're not yet familiar with your child's cues or the meaning of his cries. You may feel clumsy at holding, making bottles, burping, bathing, diaper changes.

There is extraordinary joy when you first learn that, after years of longing, your baby is waiting for you. Don't be surprised if it is impossible to sustain such joy. Disappointment is very common after attaining major milestones. Like bio parents, some adoptive parents will experience a post-adoption depression as a result. (See [www.](#)

[adoptivefamilies.com/bonding](http://adoptivefamilies.com/bonding) for more on this topic.)

## Strategies for the first few weeks:

- **Limit visits.** Your baby needs time to bond with you, unencumbered by distraction. Unplug the phone or leave a voice message if excited friends keep calling.

- **Get help.** Hire out the housework, lawn mowing, or cooking. Ask friends to fix meals, run errands, shop, and care for your other children. The less you have on your mind, the more attention you can pay to your baby's well-being.

- **Get support.** Join an adoption support group, if you haven't already. Share your feelings with others online or in a community setting. Some adoptive parents are embarrassed to complain to friends and family about baby's crying, colic, or diaper rash. "I felt like people would say that I asked for him...." Adoption counselor professionals can be an enormous aid, too.

If you are feeling unsure about caring for your baby, attend an

infant care seminar hosted by a hospital or adoption agency. This is your chance to get "hands-on" experience. Many hospitals and public health agencies can arrange to have a nurse visit your home and give one-on-one instruction.

- **Make things cozy, not fancy.** Infants don't care about an elegant nursery. All they need is to be safe and loved and warm. Be sure that your baby's crib or bassinet (as well as her car seat) meets the highest safety standards. To reduce the risk of SIDS (crib death), always put your child to bed on her back.

- **Take care of yourself.** Even a 15-minute walk around the block or 20 minutes of yoga can help you relax and clear your mind. Try to eat well.

- **Get some sleep!** Exhaustion can make those first weeks even harder. Sleep when you can—preferably, whenever baby naps.

You may decide to keep your baby in the family bed for the first weeks. If so, do not use a waterbed or soft bedding that could smother a child. If you can't get sleep well with your baby in the bed, try a

bassinet or crib that attaches to your bed. (An example may be seen at [www.armsreach.com](http://www.armsreach.com).)

- **Hang on to your sense of humor.** Raising children is serious business, but you have to laugh at yourself or you are finished.

- **Take everybody's advice, even mine, with a grain of salt.** Sister, friend, doctor, mother-in-law—all will tell you what to do. Follow your own instincts about how to raise your child. Even as a new parent, you can trust that gut feeling about your baby.

*By Marybeth Lambe, M.D.*

## 10 expert-devised, baby-approved ways to form a loving bond

- 1 Wear the baby in a chest carrier as much as possible so he can hear your heart beat.
- 2 Associate food with comfort by holding, rocking, and singing to your baby while you feed her.
- 3 Become your baby's primary provider of care, meeting all her needs yourself, to build trust. For now, encourage friends and relatives to leave the hugs and kisses to you.
- 4 Maintain your baby's familiar routines as much as you can.
- 5 Make a tape of your voice singing and play it at nap time, bedtime, or in the car.
- 6 Bathe together to promote skin-to-skin contact.
- 7 Keep any clothes or blankets your baby came with for their soothing smell.
- 8 Delay visits to shopping malls and other stimulating places for a few months.
- 9 Daily massages can increase a child's comfort with your feel and your smell.
- 10 Let a nurse hold your child for an injection, then you comfort her afterwards.



## Feeding Your Baby, Body and Soul

Meals are a chance to both nourish and nurture your child. What you put in the bottle is only the beginning.

All new parents have questions about feeding. For adoptive parents there is more to consider than just nutrition. Feeding is a powerful way to meet your child's need to survive and demonstrate that you love her and will always be there. Feeding offers you the opportunity to connect with your baby at a most basic level. Here are some guidelines to help you make the most of your mealtimes:

- While feeding, hold your baby close, and turn her toward you, so you can see each other. Never leave your infant with a propped bottle; she will miss your comfort and warmth. Make eye contact. Sit face to face, whether during bottle, highchair, or table feeding.

- If possible, continue with the formula and bottle your baby was using before he came to you. If a baby refuses a new formula, introduce it gradually by mixing it with the old formula. Introduce strained foods one at a time.

- Babies who've lived in orphanages will often drink huge amounts of milk and eat a great deal of baby food in the first weeks or even months after adoption. It is very important to allow your child to eat as much as she desires, as often as she desires. She'll learn to stop eating once she trusts that there will always be food, that you will always provide what she needs.

- Make frequent connections with your baby through your gaze,

your smiles, and your praise. Talk to your baby, "Isn't that milk good? Is it warming your tummy?" To a toddler, you might say, "These carrots are so good, can you taste the sunshine in them?"

- Some adopting mothers successfully breastfeed their newborns or older infants, usually supplementing their own breast milk with formula. Talk with a lactation consultant to decide if this option is right for you.

- Many orphanage babies are fed through propped bottles, and, as a result, some have underdeveloped muscles for sucking, or swallowing. This is best remedied early with the help of an experienced pediatric feeding expert. Consult your early intervention team.

- Respect your child's cues. Babies and toddlers often turn their heads, pull away, spit out their food, or begin to throw pieces of their meal on the floor when they want to take a break.

*By Sarah Springer, M.D., JoAnne Solchany, R.N., Ph.D., and Marybeth Lambe, M.D.*

## 12 Essential Feeding Facts Parents Should Know

- ✓ Silicone nipples (not latex), are preferred. They are dishwasher safe, allergy-free, and less porous than latex. (But many newborns prefer latex.)

- ✓ Choose a bottle that minimizes the extra air that your baby takes in during feeding. Try those with plastic liners or angled bottles.

- ✓ If you have a safe water source, such as city tap water, it is not necessary to use sterilized water to make formula or clean bottles and nipples.

- ✓ Running the bottle equipment through hot soapy water or using the dishwasher is generally sufficient.

- ✓ Be very careful if heating a bottle in the microwave. Always check the temperature of the milk by pouring a few drops on the inside of the wrist.

- ✓ Always choose iron-fortified formula to prevent anemia. Getting enough iron in the first year of life is critical. It's a myth that iron-fortified formula causes constipation or other digestive problems.

- ✓ Babies under age three are rarely lactose-intolerant; cow's-milk formula is commonly used.

- ✓ If your baby has colic, excessive spitting-up, diarrhea, constipation and gas, call your family doctor, but know that colic occurs in at least 30 percent of babies, and that almost all babies spit up regularly!

- ✓ Feed your baby in a secure position with her head raised. Make sure your baby's head is higher than her hips, so it is easier for her to swallow.

- ✓ Hold the nipple steady, and tilt the nipple to ensure that your baby takes in less air with the formula he drinks.

- ✓ Feed your baby as much as she wants each time she wakes and seems hungry. Bottle-fed babies usually want to eat every three to five hours.

- ✓ Look for signs the baby has had enough. He will pull his body back, pull away from the nipple, or twist his head away. Do not force your baby to finish a bottle if he is no longer hungry. Throw away any formula he doesn't drink. (Germs grow in warm milk.)

*Marybeth Lambe, M.D., is a physician and adoptive mother in Washington state.*



## Connecting Through Everyday Baby Care

Dressing, feeding, burping, tickling, tucking into bed—the nuts and bolts of baby care bring the moments that can draw you together.

**A**ttachment and adoption seem inseparable to many parents. In fact, attachment is an ongoing process for all parents and children, one that generally takes from 10 and 14 months and continues to evolve over a child's early years.

Attachment is rooted in a child's need to be fed, bathed, kept warm, to sleep, in order to survive. As a parent meets these needs, attachment is formed. Consistency, predictability, and emotional responsiveness create secure attachment.

Consider that a baby requires more than 3,000 diaper changes and eats over 6,000 times during the first three years of life. Add 2,000

going-to-sleep times, 2,000 or so morning and naptime wake-ups, 1,000 bath times, and 2,000 getting dressed times. These are the moments (the glances up at mom or dad, being held when tired) to connect, establish trust, and strengthen your bond with your baby.

### Making the most of everyday moments

**1 Always be there.** Your baby needs to know with certainty that you will come when she needs you. A good rule of thumb: No matter what your child's age at adoption, respond to his cries or call verbally or physically within 15 seconds.

**2 Talk to your baby.** Try to maintain eye contact. Make up games—peek-a-boo, I'm-gonna-get-your-belly-button.

**3 If your child avoids eye contact, slowly coax the behavior over time** (not forcing but not ignoring the behavior either). Play "I see you," peeking, making eye contact, and then hiding again. Smile or laugh. Playful interactions decrease feelings of threat and make time with you fun and rewarding.

**4 Touch your child.** A pat on the arm, a kiss on the head, a tickle on the tummy: Connect through the spontaneous touches that occur throughout the day.

**5 Keep it playful.** Any moment can be fun with a song, a game, a laugh, or just a smile. The more a child associates positive feelings with being fed or changed or warmed or comforted by you, the stronger the developing parent-child relationship.

**6 Do not take your baby's behavior personally.** Babies who are fussy eaters, who flail around during a diaper change, or pull away during your attempt to connect are usually tired or overwhelmed. Don't interpret a baby's withdrawal as a rejection of you or a desire to be with a previous caregiver. Stay close to him physically, as well as with your voice and your gaze.

**7 Think like your child.** Ask yourself, "What would this look like from my child's point of view?"

Don't assume that your child is experiencing events as you do. Instead, consider his perspective. Go slowly; don't push.

**8 Demonstrate Attachment.** Behave as if your baby responded to you the way you expected. If he turns his head away when you pick him up, act as if he had looked at you, reached for you, and smiled. Walk into the room, looking right at him, with arms open, smile, and say lovingly, "There you are! I've been waiting for you. Look, my arms are ready to hold you."

**9 Maintain Physical Connection.** Hold your baby, wear your baby, hand in hand, skin-to-skin. Soft baby carriers keep your infant close to your body. An older baby can adapt to a sling carrier. Keep toddlers close by holding hands or keeping your arm around them. Carry an older child to bed or in from the car. Give piggyback rides. Cuddle and rock.

**10 You cannot spoil a baby!** The more you respond, the more secure your child, and the more independent he will become later. Respond to a crying baby and the baby cries less over time. Respond to your child and you will see fewer behaviors designed to gain your attention. Your interactions will become richer and deeper.

Think of each time you care for your baby as an occasion to meet basic needs and to connect. By letting your baby know you are there to nurture her, by providing affection, happiness, and a sense of well-being, and by developing a relationship of give and take, you will establish a foundation for lifelong attachment with your child.

*JoAnne Solchany, R.N., Ph.D., is an assistant professor at the University of Washington in Seattle.*

## A Good Night's Sleep

### How to Respond to Your Child's Night Wakings and Help Her Sleep Through the Night

**All parents long for a peaceful bedtime routine: Read your child a story, kiss her goodnight, and don't see her again until morning. By understanding how children learn to sleep through the night, you can help your child sleep, as you promote her attachment to you.**

■ Newborns learn to sleep through the night by consistent nurturing and neurologic maturation. Initially, you'll respond to your newborn many times during the night. After providing food or comfort, let her drift off to sleep in her crib by herself. By about 6 months of age, she should be able to fall asleep on her own and sleep for 10 to 12 hours, feeling safe in the knowledge that you're there if she needs you.



■ A child adopted as an older infant or toddler may not have slept alone before, and, fearful of the strange sights, sounds, and smells of her new home, may wake up crying repeatedly in the night. To sleep through the night, she needs the consolation of having her needs met consistently by the same person. Think of your child as a newborn in a toddler's body. Meet each of her needs, such as pain, hunger, fear, or sensory aversions, in the appropriate way.

■ See a sleep specialist if your child snores persistently, has difficulty breathing, or exhibits unusual movements during sleep.

■ Be wary of advice from well-meaning friends and relatives to "let her cry it out." For a scared and uncertain child, this will only reinforce the notion that nighttime is scary and lonely.

■ A good rule of thumb: Be as physically and emotionally present as she needs you to be, but keep that presence as limited as she'll tolerate. You may need to sleep in the same bed for the first few weeks, then on a mattress in her room, then just outside her door. Wean yourself from her sleep routine as she learns that you'll be there when she needs you. It may take months, but your efforts will pay off. Your child will soon be sleeping peacefully through the entire night, and you'll have formed an attachment that will last a lifetime.

*Sarah Springer, M.D., is the chair of the AAP Section on Adoption and Foster Care and medical director of International Adoption Health Services of Western Pennsylvania in Pittsburgh.*

#### AGE-BY-AGE SLEEP NEEDS

age	hours of sleep needed daily
1-4 wks	18-22
1-4 mos	16-20
4-12 mos	14-18
1-3 yrs	12-14
3-6 yrs	10-12
7-12 yrs	9-10

## Adoption Basics for Family and Friends

As they welcome your baby, help your family understand adoption at the same time.



Privacy means offering personal details only to those who need to know. Secrecy involves shame, and there is no shame in adoption.

**2 Practice the right language.** Now's the time to learn what to say to others about adoption. Your baby doesn't understand words yet, but she'll pick up on your tone, so keep it comfortable and relaxed. Soon enough, she'll begin to understand your words, as well, so start practicing your responses to questions and comments now.

**3 Be a teacher.** You can help others understand what it means to form a family through adoption and clarify their misconceptions. Asking "Why do you ask?" will silence some and reveal the sincerity of those who really want to know more about adoption. If questions are too intrusive, you can say, "I'm sure you understand that the information you seek is personal to our family."

Remember, we respond to these statements in order to help our children deal with such comments in the future. And what better time to learn to speak about adoption? You get to practice saying what you want your baby to understand when she's older. As she grows, she'll know how proud you are of the way you became a family.

*Marybeth Lambe, M.D., is a family physician and adoptive mother in Washington state.*

### Questions You May Hear...

and how to respond.

**QUESTION:** "Her real mother was a teenager, right?"

**IMPLICATION:** Birthmothers are mostly troubled teens.

**YOUR RESPONSE:** We're keeping information about Janie's birth family private right now.

**QUESTION:** "How could anyone give up such a beautiful child?"

**IMPLICATION:** Birthmothers are irresponsible and heartless.

**YOUR RESPONSE:** Her birth-mother couldn't raise any child right now. It must have been a difficult decision.

**QUESTION:** "What do you know about her real parents?"

**IMPLICATION:** Adoption information is publicly available.

**YOUR RESPONSE:** We're his parents. We're bringing him up.

**QUESTION:** "It's too bad you couldn't have your own child."

**IMPLICATION:** Adoption is second-best.

**YOUR RESPONSE:** Janie is our own child.

**QUESTION:** "Aren't you worried that his birthparents will come and take him back?"

**IMPLICATION:** Birthparents may appear to "reclaim" their children at any time.

**YOUR RESPONSE:** No. We're Michael's family by law.

**QUESTION:** "How much did you have to pay?"

**IMPLICATION:** Adoption is outrageously expensive. Babies can be bought

**YOUR RESPONSE:** Adoption fees are all court-approved. After tax credits and employee benefits, adoption isn't much more expensive than childbirth.

## The Ties That Bind

Rituals are the glue that binds a family together.

Rituals remind us to connect and celebrate. The special rituals we create reflect the love, comfort, and attachment that glue family members together. Our children relish rituals to celebrate the wonderful way our families are formed, such as coming-home (“gotcha day”) celebrations, the creation of adoption lifebooks, and traditional tellings of “the day we met you.” In the same way, activities that honor birth culture can create a stronger and more positive identity.

### Involved from the Get-Go

Babies are constantly learning and making memories, so involve your infant or toddler in family rituals early on. Let him touch and see the adoption-journey photo album you’re making for him. Tell him (and siblings) his adoption story over and over to create a new family ritual.

By surrounding your baby with family traditions, you show him that he belongs to a family and a society, and that he is and will forever be cherished.

### And Baby Makes... a New Tradition

Any emotional, meaningful activity can become a cherished ritual. Along with Welcome Home day celebrations, try these:

- **Start a lifebook for your baby**, and add to it every year. Pick a regular time, e.g. the anniversary of her placement or finalization day, to read and discuss it.

- **Say a blessing** for your baby’s birth family before meals or when you light holiday candles.

- **Once a year, in your baby’s name, donate something to an organization** that supports adoption. Tell her you are doing this to honor her and to help others.

- **Create a memento box**. Start a collection of items, tokens, or pictures that represent your child’s adoption and/or birth culture, and add to it regularly. Your child can draw or paint a picture or record a



tape to add to it. Be creative!

- **Celebrate Family Night**. Set a night once a month to recognize the importance of family bonds. Activities could include a special dinner, games, birth-culture activities, looking through photo albums.

- **Hand down a tradition**. For example: “When I was little, I baked these Christmas cookies with my mom. Now we do it together.”

*Fran Eisenman is a family counselor specializing in adoption. Dr. JoAnne Solchany is an assistant professor at the University of Washington.*

### How to Create a Simple Adoption Storybook

With the adoption process fresh in your mind, now’s the time to create a child-friendly photo book describing your child’s adoption. Keep it simple—one photo or item per page, accompanied by one or two sentences of straightforward text. Laminate the pages and read it at bedtime from the earliest ages. Include these pages:

- 1 Where it all began:** Help your child “see” her beginnings by including photos of her city or country of birth.

- 2 Before baby:** Include some photos from your own life before the adoption.

- 3 Working our way toward you:** Briefly describe the adoption process, and include a referral photo or a photo from your first meeting with her birthmother.

- 4 Meeting you:** Was it a sunny day? What do you remember about the hospital or orphanage? Enrich this section with any special details you remember.

- 5 Coming home:** You can end the storybook on the day you met your child.

## Bookshelf Essentials

Keep these 6 adoption classics close at hand.

THE EDITORS OF *ADOPTIVE FAMILIES*

### BOOKS FOR PARENTS

#### **Launching a Baby's Adoption: Practical Strategies for Parents and Professionals**

BY PATRICIA IRWIN JOHNSTON

Perspectives Press; 1998



Patricia Johnston addresses the question every parent has about bonding after adoption. After reading this book, you'll feel confident that

your new relationship with the infant you've adopted is on track and that your baby will have the best possible start in life. A must-read for every parent, or soon-to-be parent, of a baby adopted under age one.

#### **Raising Adopted Children: Practical, Reassuring Advice for Every Adoptive Parent**

BY LOIS RUSKAI MELINA

Perennial; 1998



Lois Melina is an internationally recognized authority on raising adopted children. In this classic parenting manual, Melina holds parents'

hands every step of the way, from announcing your adoption and choosing a pediatrician to bonding with your child, creating lifebooks, and talking to your children about adoption.

#### **Attaching in Adoption: Practical Tools for Today's Parents**

BY DEBORAH D. GRAY

Perspectives Press; 2002



Deborah Gray sets out—in straightforward, unthreatening language—practical tips for responding to the challenges children face

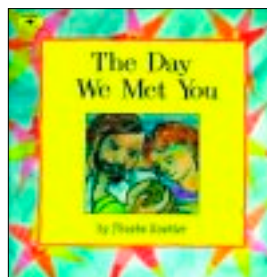
when they leave one home (their birthparents', their orphanage) and enter another. Gray's approach is positive and realistic, providing clear explanations of developmental stages and checklists to help parents assess how their child is doing.

### INTRODUCING THE ADOPTION STORY TO A YOUNG CHILD

#### **The Day We Met You**

BY PHOEBE KOEHLER

Aladdin; 1997



Beginning with "The sun shone bright the day we met you," this lovely tale focuses on the first meeting between parents and child. Told in simple language, with soft pastel drawings, *The Day We Met You* is the perfect book to read aloud from the day you first meet your baby.

#### **Tell Me Again About the Night I Was Born**

BY JAMIE LEE CURTIS;

ILLUSTRATED BY LAURA CORNELL

HarperTrophy; 1996



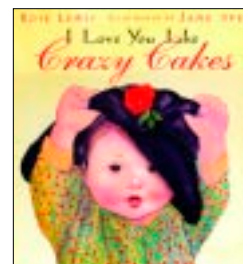
In this sweet, funny tale, a young girl requests a telling of her adoption tale—and ends up demonstrating that she already knows it by heart. More than the story of her birth and domestic adoption, it is the story of how her family was created, and it makes for delightful bedtime reading. Curtis' charming tone and Cornell's colorful, witty watercolor illustrations make this one a keeper for years to come.

#### **I Love You Like Crazy Cakes**

BY ROSE LEWIS; ILLUSTRATED

BY JANE DYER

Little, Brown; 2000



Based on the author's own experiences, *I Love You Like Crazy Cakes* tells the story of a single

mother's adoption from China. Because it's told from a mother's point of view, the book does a wonderful job of conveying the bond that quickly builds between parent and child. Dyer's lush, delicate illustrations perfectly complement the sentimental text.

## Becoming a Mother

In this personal essay, the author reflects on the surprising fierceness of feeling like a mom.

CLAIRE HOUSTON

Somewhere along the way, between “gotcha” and today, I became her mother. It’s hard to say when. The day I first saw her, I was an independent, 44-year-old woman, and she was a cute, 10-month-old, baby girl. Now, when I look at her, I know that I am her mother, and she is my daughter.

After a year-and-a-half and mountains of paperwork, a child was placed in my arms. We were strangers. She was leaving the known world of her foster home, and my husband and I were taking on this unknown baby from an unfamiliar land where Caucasians are rare.

We retreated to our hotel room and began to play house. It felt that strange. We knew four things about her needs: food, diapers, stimulation, and sleep. We began to go through the motions of all four, and, several hours later, collapsed into bed, laughing quietly. She was sound asleep as we remembered the Talking Heads’ lyrics, “My God, what have we done!” We weren’t confident about our parenting skills, but, somehow, it all worked.

More days of meticulous paperwork ensued—interviews, signatures, passports—to prove that we were who we said we were. My husband and I tag-teamed very well, but still, we felt we were spectators to this little girl.

During the adoption process, you spend a lot of time saying over and over to officials that you want this baby, that you will treat her like



gold, and you promise never to abandon her. Then, you finally get the baby, and all the hoops disappear. The reality of this being’s presence begins to come into focus. Yet I continued to feel more like a curious observer than a mom.

A loving homecoming at the airport brought friends and family out to celebrate our return to American soil. We entered our house to find balloons, gifts, meals in the fridge, and plenty of good wishes. The baby girl looked around, then smiled. She liked the house that she would soon learn was her new home.

Jet-lagged and sick, I had trouble feeling like I was myself, let alone feeling like a mother. But, slowly, new routines began to emerge at home. My husband and I marveled at her intelligence, at how fast she learned and applied her learning. She laughed. She laughed a lot. We could see that she was a happy girl.

It was delightful to engage with her and get the reward of a baby’s belly laugh. She liked to see that sh

could make us laugh. Days slipped by, and our souls were secretly being woven together.

I saw the first glimpse of this elusive bond about a month after her arrival. Acquaintances stopped by to give her a gift, yet they seemed more attentive to each other than to her. She handed them her favorite toys, and they absently took them and put them down. She played peek-a-boo with them, and they vaguely participated. She looked somber. At first, I didn’t think much of it, but, after a while, I noticed a dulling of her eyes.

I swept her up and announced that we had to make dinner. Our guests departed, and I turned my full attention to her. We looked at her toys and our cats, and played peek-a-boo in earnest. We laughed together. Her light quickly returned.

A similar encounter happened the next day, and I felt, deep in my gut, a vow emerging. “I see you, dear girl. I see your light, and you see mine. I will guard and steward that light. Fear not, I won’t let them swallow it up.”

I was surprised by the fierceness of these feelings. And then I understood: I had become Mom to Evie.

A definitive peacefulness has followed that realization. I am clear about my purpose with this little girl. And I recognize the mother lionness in me. The mysterious bonding thread has formed, and although we are not genetically formed, one from the other, genetic programming has kicked in. I am genetically programmed to take care of this baby human, and she is genetically programmed to bond with me, her mother. All is well with the world, and working perfectly.

*Claire Houston is the director of The Women Supporting Women Center, and sees adults in her private psychotherapy practice in Exeter, New Hampshire.*